PRIVACY RELEASE AND CONSTITUENT INFORMATION FORM

The Honorable Tom Coburn

In accordance with the Privacy Act of 1974, I hereby authorize you/your staff to request information from any Federal Agency or Department in reference to my inquiry. This authorization includes written correspondence, telephonic or any other means of communication. The Federal Agency or Department is authorized to furnish copies of any documents, correspondence or information relative to my inquiry.

Name			
		email:	
City	State	Zip	
		(Fax)	
Complete only the	e section(s) applicable to your case:	Federal Agency:	
Social Security Nu	mber	VA Claim Number	
OPM Number		Military ID & Branch	
OWCP Claim Nun	nber	Alien Number (INS)	
Date of Birth	Rece	ceipt Number (INS)	
If release of inform	nation on your case to another party or Name	your attorney is authorized, please specify: Phone Number	
Signature	I	Date	
Please return to:	Attn: U.S. Senator Tom A. Coburn, M.D. 1800 S. Baltimore, Suite 800 Tulsa, OK 74119 (918) 581-7651 (918) 581-7195 Fax	Attn: U.S. Senator Tom A. Coburn, M.D. 1820 Liberty Tower/ 100 N. Broadway Oklahoma City, OK 73102 (405) 231-4941 (405) 231-5051 Fax	