

PRIVACY RELEASE FORM

Due to the Privacy Act of 1974, Congresswoman Mary Fallin must have the constituent's written consent before she and her staff can contact a federal agency on the constituent's behalf.

The Honorable Mary Fallin:

I hereby authorize you and 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 you copies of any documents, correspondence or information, including medical records, relative to my inquiry.

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ Email: _____

Phone(Home) _____ (Work) _____ (Cell) _____

Please complete only the section(s) applicable to your case:

Social Security Number _____ VA Claim # _____

Date of Birth _____ Military ID & Branch _____

OWCP _____ OPM Number _____

Alien Number (INS) _____ Receipt Number (USCIS) _____

Medicare ID Number _____ IRS Requires additional information. Call Office.

Have you contacted other Senate or Congressional offices about this issue? _____

If yes, which office(s)? _____

Briefly explain the problem below. Attach copies of any relevant documents.

I hereby declare that I am currently a resident of the Fifth Congressional District and the above information is truthful and complete to the best of my knowledge.

Signature: _____ Date: _____

Mail or Fax to:

**U.S. Representative Mary Fallin
Attn: Constituent Services
120 N. Robinson, Suite 100
Oklahoma City, OK 73102**

**Phone: (405) 234-9900
Fax: (405) 234-9909**