Congress of the United States Washington, DC 20515

Privacy Release Form

The Privacy Act of 1974 requires written consent from the constituent before information can be obtained from a government agency's records. To better serve you, please complete both sides of the following form and return it to me. If you are inquiring on behalf of someone, that person must sign this form.

☐ Mr. ☐ Mrs. ☐ Ms	s. 🛘 Dr.	
Name:		
Mailing Address		
Home Phone	Work Phone	Cell Phone
Social Security Num	ber	
I prefer to be contac	ted by:	
☐ Home Phone ☐ W	/ork Phone 🏻 Cell Phone	☐ Email ☐ US Mail
Agency Involved		
inquiries into my per	sonal records and/or file uest for assistance. I und	Keith Ellison and his staff to make es to obtain information about me lerstand that I may revoke this
Signature		Date
Congressman Keith I	Ellison and his staff (if ap	s this matter on my behalf with oplicable):
	Office Use C)nly
Assigned to		Received

Please complete the sections that apply to your case

Please briefly explain your problem. (In writing, provide a detailed account. Include any additional relevant correspondence that you have initiated or received concerning your problem.)

Please state how you would like Congressman Ellison to help you.

Have you contacted other Senate or Congressional offices about this issue? Yes No If yes, who have you contacted? Senator Klobuchar Senator Coleman Representative			
			Military or Veteran's Issues
Social Security Number			
Rank/Unit Duty Station			
	Immigration Issues		
Receipt Number	Alien Number A		
Date of Birth	Place of Birth		
Type of Petition Filed	Current Immigration Status		
	Social Security Issues		
Type of Claim Filed _	<u>.</u>		
Reconsideration ALJ Hearing	☐ Pending ☐ Approved ☐ Denied		