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Name: _____ Social Security # _____

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Phone (H) _____ Phone (W) _____

Date of Birth: _____ Birthplace: _____ Email: _____

I hereby request assistance in the following federal matter:

- Social Security/Medicare Social Security #: _____
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- Immigration & Naturalization A, EAC, WAC, LIN, or SRC#: _____
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Please summarize in a few sentences exactly what you want us to do for you. Please be specific. **Use additional paper if necessary.**

Please sign below to permit information from your file to be given to any agency deemed necessary. The Privacy Act of 1974 (PL 93-579) requires that you authorize access to your private records.

Without your authorization, an inquiry on your behalf will not be possible.

Signature: _____ Date: _____