

CONSENT FORM

NAME: _____ DATE of BIRTH: _____

ADDRESS: _____ SOCIAL SECURITY NUMBER: _____

_____ OTHER ID NUMBER: _____

_____ TELEPHONE: _____

TYPE OF BENEFITS APPLIED FOR: _____ DATE: _____

AT WHICH OFFICE DID YOU APPLY? _____

If other than your own account, name of person whose account you are filing on and their account number:

NAME: _____ SOCIAL SECURITY NUMBER: _____

Briefly describe problem or inquiry (use reverse side if necessary):

I request U. S. Congressman Baron P. Hill to:

CONSTITUENT AUTHORIZATION

I am aware that the Privacy Act of 1974 prohibits the release of information in my file without my approval. I give my authorization to U.S. Congressman Baron P. Hill, or his staff representative designated by him, to make proper inquiry on my behalf to _____

Signed: _____ Date: _____

Request must be signed by involved constituent or legally appointed guardian, and returned to:

Congressman Baron P. Hill, 320 W. 8th Street, Suite 114, Bloomington, IN 47404, (812) 336-3000

Name and address of guardian: _____

_____ Zip Code _____

Inter-Office Information:

Office contacted: _____ Call/Visit _____ Staff Member _____