



U.S. SENATOR – OKLAHOMA

# JAMES M. INHOFE

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## PRIVACY RELEASE AND CONSTITUENT INFORMATION FORM

Honorable James M. Inhofe:

I hereby authorize you and your staff to request any 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 relative to my inquiry.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Business \_\_\_\_\_ Home \_\_\_\_\_ Fax \_\_\_\_\_

### Complete only the section(s) applicable to your case:

Social Security Number \_\_\_\_\_ VA Claim Number \_\_\_\_\_

OPM Number \_\_\_\_\_ Military ID & Branch \_\_\_\_\_

OWCP Claim Number \_\_\_\_\_ Alien Number (INS) \_\_\_\_\_

Other \_\_\_\_\_ Receipt Number (INS) \_\_\_\_\_

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

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If release of information on your case to another party or attorney is authorized, please specify:

\_\_\_\_\_  
Name Telephone Number

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return to:**

**Senator James M. Inhofe**  
1924 S. Utica, Suite 530  
Tulsa, OK 74104  
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Fax (918) 748-5119

or

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