

PRIVACY ACT RELEASE FORM
Social Security Casework

Federal agencies are prohibited from releasing information concerning an individual to a third party under the Privacy Act of 1974. Please complete and sign this form, which will allow information regarding your concern to be released to the office of Senator Barbara A. Mikulski.

Name: _____

Address: _____

Home phone (_____) _____ Work Phone (_____) _____

Claimant's Social Security Number: _____

Claimant's Date of Birth: _____

Please check the type of Social Security benefits applied for:

_____	Supplemental Security Income (SSI)	_____	Retirement Benefits
_____	Social Security Disability	_____	Survivor's Benefits
_____	Disabled Widow/Widower's Benefits		

If your claim has been denied, have you filed an appeal? _____
If yes, what date did you file the appeal? _____

Where is your appeal pending? Please check one.

___ Reconsideration ___ Administrative Law Judge ___ Appeals Council
___ Federal District Court

Have you contacted another federal official about this matter? _____
If so, who? _____

Additional Comments:

Signature: _____ Date: _____

Mail or Fax to: Senator Barbara A. Mikulski
 6404 Ivy Lane, Suite 406
 Greenbelt, MD 20770
 Office: 301-345-5517
 Fax: 301-345-7573