



# United States Senator Barbara Boxer

## PRIVACY ACT CONSENT FORM

The provisions of **Public Law 93-579** (Privacy Act of 1974) prohibit the disclosure of information of a personal nature from the files of an individual without their consent.

Accordingly, I authorize the staff of Senator Barbara Boxer to access any and all of my records that relate to the problem stated below.

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

To begin processing your case, please complete all of the following information:

Circle One: Mr. Mrs. Miss Ms.	Date of Birth: _____
First Name: _____	Last Name: _____
Address: _____	City: _____
State: _____ Zip: _____	E-mail: _____
Daytime Phone: _____	Evening Phone: _____

**Please provide all information related to your case (attach more pages if necessary) :**

Federal agency you need help with: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Alien Registration Number: \_\_\_\_\_

U.S. CIS Application Form Number: \_\_\_\_\_

Rank and Military Branch of Service: \_\_\_\_\_

Other (please be specific): \_\_\_\_\_

**Briefly explain the problem you are having with a federal agency or the information desired\*:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* Please forward relevant documents received by the federal agency with which you seek assistance.

**Have you already contacted another congressional office about this issue? If yes, which office?**

\_\_\_\_\_

Print and mail your completed form to Senator Barbara Boxer's San Francisco office at:

Attention: Casework  
 United States Senator Barbara Boxer  
 1700 Montgomery Street, Suite 240  
 San Francisco, CA 94111