

PRIVACY RELEASE AND CONSTITUENT INFORMATION FORM

The Honorable James M. Inhofe:

I hereby authorize you and/or your staff to request information from the appropriate 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 copies of any documents, correspondence or information relative to my inquiry.

Name _____ Email _____

Address _____ City/St/Zip _____

Home phone _____ Cell _____ Work _____ Fax _____

Complete only the sections applicable to your case:

Social Security # _____ VA Claim # _____

Military ID/Branch _____ OPM # _____

OWCP Claim# _____ Alien # INS _____

Other _____ Receipt# INS _____

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

_____ use back of page, if necessary.

Have you contacted another office regarding this issue? If so, who and when? _____

Do you authorize release of information to another party or your attorney? If so, who?

Name _____ Phone _____

Signature _____ Date: _____

Please return to: _____

U. S. Senator James M. Inhofe
1924 S. Utica #530
Tulsa OK 74104
918-748-5111
Fax: 918-748-5119

U. S. Senator James M. Inhofe
1900 NW Expy #1210
Oklahoma City OK 73118
405-608-4381
Fax: 405-608-4120