

United States Senate
WASHINGTON, DC 20510-0905



CONSENT FOR RELEASE OF INFORMATION

The Privacy Act of 1974 requires that written consent be obtained from the constituent before information can be disclosed from a government agency's record. So that I can legally act on your behalf, please complete and sign the following statement and return it to me. *This form is available to the public free of charge.*

Please Note: If you are inquiring on behalf of someone, that person must sign the release.

Today's Date _____ Social Security Number _____

Name Mr. Mrs. Ms. Dr. _____

Mailing Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Date of Birth _____ Email Address _____

I hereby authorize Senator Nelson or his representative to make inquiries into my personal records and/or files and to obtain information about me pertaining to my request for assistance.

Signature _____ For The Attention Of _____

Please return form to:

By Mail:
Office of Senator Bill Nelson
225 East Robinson Street, Suite 410
Orlando, Florida 32801

By Fax:
Fax: (407) 872-7165

Questions:
Telephone: (407) 872-7161
Toll-free in Florida Only:
(888) 671-4091

Office Use Only

IT: Yes No IT # _____ Caseworker only Cross Reference Name _____

Outreach Referral from Broward Fort Myers Jacksonville Miami Orlando Tallahassee Tampa WPB

Outreach Contact _____

Please complete the sections that apply to your case.

Military or Veteran's Issues

Military ID/VA ID/Other ID Number _____ Sponsor's ID / SSN _____
Rank / Unit _____ Duty Station _____

Immigration Issues

Receipt Number _____ Alien Registration Number _____ A - _____
Date of Birth _____ Place of Birth _____
Type of Application Filed _____

Social Security Administration Issues

Type of file claimed? _____

Initial Claim	Date Filed _____	<input type="checkbox"/> Pending	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Reconsideration	Date Filed _____	<input type="checkbox"/> Pending	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
ALJ Hearing	Date Filed _____	<input type="checkbox"/> Pending	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Appeals Council	Date Filed _____	<input type="checkbox"/> Pending	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied

Case Details

Please briefly explain your problem. (In writing, provide my office with a detailed account. Include any additional relevant correspondence that you have initiated or received concerning your problem.)

Please state how you would like Senator Nelson to help you.