

PRIVACY ACT RELEASE FORM

U.S. SENATOR RAND PAUL - KENTUCKY

Date: _____

SECTION I – PERSONAL INFORMATION

Full Name: _____

Address: _____

(City) (State) (Zip)

Telephone #: _____
(Home) (Other)

Birth Date: _____ Marital Status: _____

Email Address: _____

Household Income: *(Needed only if applying for programs such as VA Pension, SSI, etc.)*

SECTION II – IDENTIFICATION NUMBERS

Social Security #: _____ VA Claim #: _____
(Veterans Only)

Medicare #: _____ CSA/CSF #: _____
(Claim Number) (OPM Only)

Alien Red. #: _____ OWCP #: _____
(INS Only) (Federal Workers' Comp Only)

SECTION III – INTERESTED PERSONS

Please provide the names of those individuals with whom we may discuss your case. This office can only discuss your case with the agency and yourself unless listed below *(ex: spouse, attorney, brother, sister, children, etc.):*

Is any other Member of Congress working on this matter? Y/N - _____

