



CONGRESSMAN MICHAEL R. TURNER

10TH DISTRICT OF OHIO

120 W. Third Street, Suite 305, Dayton, OH 45402

Phone: 937-225-2843 • Fax: 937-225-2752

CONSENT FOR RELEASE OF INFORMATION

To begin processing your case, please complete the following information (Please PRINT):

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Number: _____ Work Number: _____

Email Address: _____ Fax: _____

Social Security Number: _____ - _____ - _____ Date of Birth(mm/dd/yyyy): ____/____/____

Complete following fields only if applicable to your case:

MILITARY or VETERANS ISSUES

Veteran's Claim Number: _____

Branch of Service: _____ Rank/Unit: _____

SOCIAL SECURITY ISSUES

Type of Claim Filed: _____

Initial Claim Date Filed: _____ Pending Approved Denied

Reconsideration Date Filed: _____ Pending Approved Denied

ALJ Hearing Date Filed: _____ Pending Approved Denied

Appeals Council Date Filed: _____ Pending Approved Denied

IMMIGRATION ISSUES

Beneficiary's Name: _____ Type of Application Filed: _____

Alien Registration Number: _____ Receipt Number: _____

Place of Birth: _____ Date of Birth: _____

Briefly explain your problem and/or desired information (Include additional pages if needed or copies of any documentation that you may have which would help expedite your inquiry. Please do not send original documents):

I am aware that provisions of the **Privacy Act of 1974** (Public Law 93-579) prohibits the release of information in my file without my approval. I hereby authorize the above mentioned agency (agencies) to provide information regarding my case or claim to the Office of Congressman Michael Turner.

Signature: _____

Date: _____

Please Return Completed Form and Documents To:

By Mail:
120 W. Third Street, Suite 305
Dayton, OH 45402

By Fax:
Fax: 937-225-2752

Questions:
Telephone: 937-225-2843