



U.S. Senator Dan Coats

Representing the State of Indiana

PRIVACY RELEASE FORM

Authorization in Accordance with the 1974 Privacy Act

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ - _____

DAYTIME PHONE: _____ NIGHT or CELL PHONE: _____

EMAIL ADDRESS: _____

SOCIAL SECURITY NUMBER/V.A. NUMBER/ ALIEN NUMBER: _____

Have you contacted any other elected official regarding this case? Yes/No If so, whom? _____

Please explain your request for assistance, information and/or reason you are contacting Senator Coats. Attach copies of any relevant information. (DO NOT SEND ORIGINALS.) Use extra paper if necessary.

I authorize U.S. Senator Dan Coats and his staff to contact the appropriate agencies and receive information on my behalf. This form complies with the Privacy Act of 1974, which prohibits the release of my personal information without my written consent.

SIGNATURE: _____ **DATE:** _____

Please Return the Completed Form To:

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10 West Market Street
Indianapolis, IN 46204
Phone: (317) 554-0750
Fax: (317) 554-0760
www.coats.senate.gov