

Case Authorization and Privacy Release Form

NAME _____ DATE _____

HOME ADDRESS _____

CITY _____ NEW MEXICO ZIP _____

HOME PHONE _____ WORK PHONE _____

EMAIL ADDRESS _____ FAX _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

Please provide any other identification numbers relevant to your case, such as Veteran Case ID number, CSA number, IRS number, INS number, etc.

Are you working with any other NM Delegation member (Y) _____ (N) _____

If so whom? _____

Please also submit your case online at tomudall.senate.gov.

Attach a typed or clearly written description of the problem and any relevant documentation.

I hereby request and authorize United States Senator Tom Udall and/or members of his staff, to make an inquiry on my behalf in addressing this matter. I further understand that I will save harmless any agencies divulging information pursuant to this release of information, as well as Senator Tom Udall and/or any representative of his staff in these matters.

Printed Name: _____

Signature: _____

(In order to comply with the provisions of the Privacy Act of 1974, it is necessary that your signature be on file)

PLEASE SIGN AND RETURN TO THE OFFICE NEAREST YOU:

Albuquerque
219 Central Ave NW
Suite 210
Albuquerque, NM 87102
(505) 346-6791

Las Cruces
201 N. Church Street
Suite 201B
Las Cruces, NM 88001
(575) 526-5475

Santa Fe
120 South Federal Place
Suite 302
Santa Fe, NM 87501
(505) 988-6511