

**JON KYL**  
ARIZONA

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(202) 224-4521

COMMITTEES:  
JUDICIARY  
FINANCE  
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**United States Senate**  
WASHINGTON, DC 20510-0304

STATE OFFICES:  
2200 EAST CAMELBACK RD  
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PHOENIX, AZ 85016  
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FAX: (602) 957-6838

7315 NORTH ORACLE RD  
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TUCSON, AZ 85704  
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**PRIVACY ACT CONSENT FORM**

TO WHOM IT MAY CONCERN: \_\_\_\_\_ DATE \_\_\_\_\_

In accordance with the provisions of Public Law 93-579 (The Privacy Act of 1974), I hereby give my consent for information concerning me to be furnished to Senator Jon Kyl. I request that any relevant information he may require in order to assist in responding to my inquiry, as his constituent, be provided to him in accordance with the provisions of the law.

NAME (IN FULL): \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_  
PHONE: (home) \_\_\_\_\_ (work) \_\_\_\_\_

To begin your inquiry, we require the following information:

FEDERAL AGENCY INVOLVED: \_\_\_\_\_  
SOCIAL SECURITY NUMBER: \_\_\_\_\_  
CIVIL SERVICE CLAIM NUMBER: \_\_\_\_\_  
VETERAN'S CLAIM NUMBER: \_\_\_\_\_  
BRANCH OF SERVICE: \_\_\_\_\_ RANK \_\_\_\_\_  
ALIEN REGISTRATION NUMBER: A: \_\_\_\_\_  
DATE AND PLACE OF BIRTH: \_\_\_\_\_

IF REQUESTING HELP ON BEHALF OF ANOTHER, GIVE THE ABOVE INFORMATION FOR THAT PERSON. HIS/HER NAME: \_\_\_\_\_

HAVE YOU CONTACTED ANOTHER CONGRESSIONAL OFFICE? \_\_\_\_\_ YES \_\_\_\_\_ NO  
WHOSE? \_\_\_\_\_

Briefly explain the problem or information desired. Attach a separate sheet if necessary. Be sure to include necessary information and send documentation, if available.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE \_\_\_\_\_

Note: Residents of Cochise, Pima and Santa Cruz counties should *fax* the completed form to Senator Kyl's Tucson office; residents of all other Arizona counties should *fax* the completed form to the Phoenix office. Both addresses are at the top of this form.