



# Congressman Tom Cole 4th District of Oklahoma

## Privacy Release and Constituent Information Form

**Please Return to:**  
Congressman Tom Cole  
2420 Springer Dr. Suite 120  
Norman, OK 73069  
405-329-6500  
Fax: 405-321-7369

In keeping with the restrictions of the Privacy Act, I hereby authorize Congressman Tom Cole and/or his representative to request information from any federal agency or department in attempting to answer my inquiry. I understand that this authorization may include written, telephonic, facsimile, electronic, or other means of communication. I further authorize the federal agency or department to furnish and release any and all information, copies, or correspondence -including medical records- to Congressman Tom Cole and/or his representative.

**STEP 1**

**Complete the following personal information for the subject of the inquiry.**

Name

\_\_\_\_\_  
First Middle Last

Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

Telephone

Home \_\_\_\_\_ Work \_\_\_\_\_

Fax \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

**STEP 2**

**Briefly explain the problem and attach copies of any relevant documentation.**

Use additional paper if more space is needed

**STEP 3**

**Sign and date - Then go to the next page.**

If you are signing on behalf of another, please provide a copy of your authority to do so (example: Power of Attorney).

\_\_\_\_\_  
Print your name

\_\_\_\_\_  
Signature or Mark

\_\_\_\_\_  
Date

You have my permission to discuss my case with the following person(s):

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

**STEP 4****Complete any of the additional sections that may apply to your inquiry.**

Please complete any sections that pertain to your inquiry. If you do not know the requested information you may leave it blank.

◇ **Social Security**

Current Level of Claim:

 New Claim    Reconsideration    Hearing    Appeals Council    Federal Court◇ **Immigration**

Beneficiaries Information

Name \_\_\_\_\_

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

A Number \_\_\_\_\_

Receipt Number \_\_\_\_\_ Date of Application \_\_\_\_\_

◇ **Internal Revenue Service**

Company Name \_\_\_\_\_ EIN # \_\_\_\_\_

(If applicable)

Employee Identification Number (If applicable)

Your Relationship to the Business \_\_\_\_\_

Type of Tax (income, employment, etc.) \_\_\_\_\_

Tax Years: From \_\_\_\_\_ To \_\_\_\_\_ Tax Form \_\_\_\_\_

Office Use Only

I give TPA permission to contact the constituent directly regarding this inquiry \_\_\_\_\_

◇ **Workers Compensation**

OWCP Number \_\_\_\_\_

◇ **Medicare**

Medicare Number \_\_\_\_\_

◇ **Veterans Affairs and Military**

C-File # \_\_\_\_\_ Branch of Service \_\_\_\_\_ Rank/Grade \_\_\_\_\_

(If applicable)

Dates of Service \_\_\_\_\_ Duty Station \_\_\_\_\_

\*If the inquiry regards a records request for a deceased member of service, please attach a copy of the death certificate or newspaper obituary.

◇ **Passport**

Date of Application \_\_\_\_\_ Date of Travel \_\_\_\_\_ Application # \_\_\_\_\_

Destination \_\_\_\_\_ Did you pay to expedite the application?    Yes    No**STEP 5****Return****By Mail:**Congressman Tom Cole  
2420 Springer Drive  
Suite 120  
Norman, OK 73069**By Fax:** (405) 321-7639**Questions?**

Online:

**www.cole.house.gov**

Immigration, IRS, Workers Compensation, Passports

**Norman Office: 405-329-6500**

2420 Springer Drive; Suite 120 - Norman, OK 73069

Military and Veteran Affairs

**Ada Office: 580-436-5375**

100 East 13th Street; Suite 213 - Ada, OK 74820

Social Security, Medicare, Office of Personnel Management

**Lawton Office: 580-357-2131**

711 SW D Avenue; Suite 201 - Lawton, OK 73501