

Privacy Release Form Office of Congressman Tim Walz

The Privacy Act of 1974 requires written consent from the constituent before information can be obtained from a government agency's records. To better serve you, please complete this form and return it to Congressman Walz's Rochester Office. If you are inquiring on behalf of someone, that person must sign this form.

NOTE: Members of Congress are empowered to help constituents interact with agencies and offices of the federal government. Although Members and their staff cannot force an agency to expedite your case or act in your favor, they can frequently intervene to facilitate the processes involved, encourage an agency to give your case consideration, and sometimes advocate for a favorable outcome. The rules of the House do not allow Members or their staff to intervene in or influence the outcome of cases that are under the jurisdiction of any court or under the jurisdiction of local or state governments.

Full Name (Mr. Mrs. Ms. Dr.) _____

Address _____

City _____ **ZIP Code** _____

Social Security Number _____ **Date of Birth** _____

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

Email Address _____

I prefer to be contacted by: Home Phone Work Phone Cell Phone Email

Federal agencies involved: _____

Have you contacted other Senate or Congressional offices about this issue? Yes No

If yes, who have you contacted? Senator Coleman Senator Klobuchar
Representative _____ Other: _____

If you wish to designate other person(s) to discuss this matter on your behalf with Congressman Tim Walz and his staff, please print their full name(s) here:

I freely and willing authorize Congressman Tim Walz and his staff to make inquiries into my personal records and or files to obtain information about me pertaining to my request for assistance. I understand that I may revoke this authorization at any time.

Signature _____ **Date** _____

**Please sign this form and send it to Congressman Walz at
1134 7th St. NW Rochester, MN 55901 or Fax: 507-206-0650**

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Please complete all sections that apply to your case

Please briefly explain your problem. In writing, provide a detailed account. Include any additional relevant correspondence that you have initiated or received concerning this matter.

Please state how you would like Congressman Walz to help you.

If your request for assistance involves medical information, please fill out the Authorization to Release Medical Information and return it along with this form.

Military or Veteran's Issues

Rank _____

Unit _____

Duty Station _____

Medicare Issues

I am having problems with:

Medicare Number _____ Part A Part B Part D

**Privacy Release Form
Office of Congressman Tim Walz**

Social Security Issues

Type of Claim Filed: _____

Has the claim been denied? Yes No

Has the claim been appealed? Yes No

Office you are working with _____

Immigration Issues

Receipt Number _____

Name of Beneficiary _____

Alien Number A- _____

Date of Birth _____

Place of Birth _____

Type of Petition _____

Consulate Involved _____

Current Immigration Status _____