



**UNITED STATES SENATOR ♦ OHIO**  
**GEORGE V. VOINOVICH**



**CONSENT FOR RELEASE OF INFORMATION**

To begin processing your case, please complete the following information (Please Print):

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
 Email: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_

**Complete following fields only if applicable to your case.**

**MILITARY or VETERANS ISSUES**

Veteran's Claim Number: \_\_\_\_\_  
 Branch of Service: \_\_\_\_\_ Rank/Unit: \_\_\_\_\_

**SOCIAL SECURITY ISSUES**

Type of Claim Filed: \_\_\_\_\_

Initial Claim	Date Filed: _____	<input type="checkbox"/> Pending	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Reconsideration	Date Filed: _____	<input type="checkbox"/> Pending	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
ALJ Hearing	Date Filed: _____	<input type="checkbox"/> Pending	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Appeals Council	Date Filed: _____	<input type="checkbox"/> Pending	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied

**IMMIGRATION ISSUES**

Applicant's Name: \_\_\_\_\_ Type of Application Filed: \_\_\_\_\_  
 Alien Registration Number: \_\_\_\_\_ Receipt Number: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Briefly explain your problem and/or desired information (*Include additional pages if needed or copies of any documentation that you may have which would help expedite your inquiry. Please do not send original documents*):

I am aware that provisions of the Privacy Act of 1974 (Public Law 93-579) prohibits the release of information in my file without my approval. I hereby authorize the above mentioned agency (agencies) to provide information regarding my case or claim to the Office of United States Senator George Voinovich.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please Return Completed Form and Documents To:**

**By Mail:**  
 37 West Broad Street,  
 Suite 300  
 Columbus, OH 43215

**By Fax:**  
 Fax: 614-469-7419

**Questions:**  
 Telephone: 614-469-6774  
 Toll-Free in Ohio Only:  
 1-800-205-OHIO