

# United States Senate

WASHINGTON, DC 20510

## PRIVACY RELEASE

Please complete this form and return it to Senator Jeff Merkley's office in Portland, Oregon, by mail (see address below) or by fax to 503-326-2900

FULL NAME (please print): \_\_\_\_\_

RESIDENCE ADDRESS: \_\_\_\_\_

PREFERRED PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

CLAIM OR RECEIPT NUMBER (If applicable): \_\_\_\_\_

Please list the all agencies you need assistance with: \_\_\_\_\_

Please describe why you are requesting help from Senator Merkley: \_\_\_\_\_

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Have you contacted another elected representative for help with this matter?  Yes  No

If you answered "yes," who have you contacted?  
\_\_\_\_\_

Are you currently working with an attorney or personal representative on this matter?  Yes  No

If so, please provide the name and phone number of your attorney or personal representative:  
\_\_\_\_\_

Do you give your permission for this attorney/personal representative to discuss your case with Senator Merkley and his staff?  Yes  No

I hereby authorize Senator Merkley and his staff to contact the relevant federal agencies, electronically or otherwise, to obtain the information necessary to assist me in accordance with the provisions of the Privacy Act of 1974 (5 § 552a).

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