

BILL NELSON
FLORIDA

United States Senate
Washington, DC 20510-0905



Consent For Release Of Information

The Privacy Act of 1974 requires that written consent be obtained from the constituent before information can be disclosed from a government agency's record. So that I can legally act on your behalf, please complete and sign the following statement and return it to me. ***This form is available to the public free of charge.***

Please note, if you are inquiring on behalf of someone, that person must sign the release.

Today's Date _____ Social Security Number _____

Mr. Mrs. Ms. Dr. _____
First Middle Last

Mailing Address _____

Home Phone _____ Cell Phone _____ Work Phone _____
Date of Birth _____ E-mail Address _____

I hereby authorize Senator Nelson or his representative to make inquiries into my personal records and or files, and to obtain information about me pertaining to my request for assistance.

Signature _____ For The Attention Of _____

Please return form to:

By Mail:

Office of Senator Bill Nelson
225 East Robinson Street, Suite 410
Orlando, Florida 32801

By Fax:

Fax: (407) 872-7165

Questions:

Telephone: (407) 872-7161
Toll-Free in Florida Only:
(888) 671-4091

FOR OFFICE USE ONLY

IT: Yes No IT # _____ *(Caseworker Only)* Cross Reference Name _____

Referral: FTL FTM JAX MIA ORL TAL TPA WPB BN GN PM BS

Web Tracking # _____

Please complete the sections that apply to your case.

Military or Veteran's Issues

Military ID/VA ID/Other ID Number _____ Sponsor's ID / SSN _____
Rank / Unit _____ Duty Station _____

Immigration Issues

Receipt Number _____ Alien Registration Number _____ A - _____
Date of Birth _____ Place of Birth _____
Type of Application Filed _____

Social Security Administration Issues

Type of file claimed? _____

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

Case Details

Please briefly explain your problem. (In writing, provide my office with a detailed account. Include any additional relevant correspondence that you have initiated or received concerning your problem.)

Please state how you would like Senator Nelson to help you.