

BILL NELSON
FLORIDA

United States Senate
Washington, DC 20510-0905



Consent For Release Of Information

I'm very concerned you are in need of assistance, and want you to know we're committed to doing our best to resolve your problem. The first thing you need to do is fill out this form and return it quickly to me by fax or mail. This has to be done before I can legally act on your behalf. This is a free service. The form not only tells me about your concerns, but also allows government agencies to share your information with me. (It is something required by the Privacy Act of 1974.)

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 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

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.