PRIVACY ACT RELEASE FORM

U.S. SENATOR RAND PAUL - KENTUCKY

Date:				
SECTION I – PERSONAL INFORMATION				
A				
Telephone #: _	(City) (Home)	(State)	(Zip)	
Birth Date:		Marital Status:		
Email Address	Email Address:			
Household Income: (Needed only if applying for programs such as VA Pension, SSI, etc.)				
	SECTION II –		ON NUMBERS	
Social Security #:		VA Clain	VA Claim #: (Veterans Only)	
Medicare #:		CSA/CSF	CSA/CSF #: (<i>OPM Only</i>)	
Alien Red. #:(INS Only)		OWCP #:	OWCP #: (Federal Workers' Comp Only)	
	SECTION II	I — INTERESTEI	D PERSONS	
Please provide the names of those individuals with whom we may discuss your case. This office can only discuss your case with the agency and yourself unless listed below (<i>ex: spouse, attorney, brother, sister, children, etc.</i>):				

Is any other Member of Congress working on this matter? <u>Y / N</u> - _____

SECTION IV – PLEASE PROVIDE AN EXPLANATION OF YOUR PROBLEM OR REQUEST, AS WELL AS WHAT YOU ARE CURRENTLY ASKING SENATOR PAUL TO AID YOU WITH.

(continue on another page if necessary)		

In accordance with the Privacy Act of 1974, I authorize Senator Rand Paul, and those acting on his behalf, to obtain information pertaining to this matter. I affirm that the above information is accurate.

Signature: _____

Date: _____

RETURN COMPLETED FORM TO:

U.S. SENATOR RAND PAUL 1029 STATE STREET BOWLING GREEN, KY 42101 PHONE: 270-782-8303 FAX: 270-782-8315