

# Privacy Release Form

## Office of Congressman Tim Walz

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The Privacy Act of 1974 requires written consent from the constituent before information can be obtained from a government agency's records.

NOTE: Members of Congress are empowered to help constituents interact with agencies and offices of the federal government and other entities. Although Members and their staff cannot force an agency to expedite your case or act in your favor, they can frequently intervene to facilitate the processes involved, encourage an agency to give your case consideration, and sometimes advocate for a favorable outcome.

**Full Name** (Mr. Mrs. Ms. Dr.) \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **ZIP Code** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**I prefer to be contacted by:**  Home Phone  Work Phone  Cell Phone  Email

**Federal agencies involved:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Army / Marines / Navy / Coast Guard | <input type="checkbox"/> Dept. of State           | <input type="checkbox"/> Medicare            |
| <input type="checkbox"/> Dept. of Agriculture                | <input type="checkbox"/> Dept. of Transportation  | <input type="checkbox"/> Social Security     |
| <input type="checkbox"/> Dept. of Defense                    | <input type="checkbox"/> Fannie Mae / Freddie Mac | <input type="checkbox"/> U.S. Postal Service |
| <input type="checkbox"/> Dept. of Education                  | <input type="checkbox"/> HUD                      | <input type="checkbox"/> USDA                |
| <input type="checkbox"/> Dept. of Justice                    | <input type="checkbox"/> Immigration              | <input type="checkbox"/> VA                  |
| <input type="checkbox"/> Dept. of Labor                      | <input type="checkbox"/> IRS                      |  |
| <input type="checkbox"/> Other (specify) _____               |   |  |

**Please specify other Senate or Congressional offices you have contacted about this issue:**

Senator(s) \_\_\_\_\_

Representative(s) \_\_\_\_\_

List other agencies/person(s) authorized to discuss this matter with Congressman Walz and his staff:

\_\_\_\_\_  
*I authorize Congressman Tim Walz and his staff to grant and obtain personal records, files and information about me pertaining to my request for assistance. I understand that I may revoke this authorization at any time.*

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Signature of primary constituent receiving assistance - Third party signatures are not accepted*

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**Please complete and Sign this form and return it to Congressman Walz at:**  
1134 7<sup>th</sup> St. NW, Rochester, MN 55901 Fax: 507-206-0650 Phone: 507-206-0643

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***The following information is required***

**Please briefly explain your problem.** Provide a detailed account. Provide copies of any additional correspondence or documentation that you have initiated or received in this matter.

**Please state how you would like Congressman Walz to help you.** What is your desired outcome?

For the following sections, please complete only those issues that apply to your case

**SOCIAL SECURITY**

**Type of Issue** (✓ all that apply)  Disability Claim  Existing Benefits  Back-pay  
 Other \_\_\_\_\_

**Social Security office you are working with:** \_\_\_\_\_

**Have you filed a Disability Claim?**  Yes  No **Claim Status:**  Denied  Appealed

**MEDICARE**

**I am having problems with:**  Part A  Part B  Part D

**Medicare Number** \_\_\_\_\_

**Other (Specify)** \_\_\_\_\_

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**MILITARY OR VETERAN**

**Type of Issue (✓ all that apply)**  Active/Military pay  Military records  GI Bill  VA Claim  
 Other (specify) \_\_\_\_\_

**Status:**  Active  Reserve  Retired

**Rank** \_\_\_\_\_ **Unit** \_\_\_\_\_

**Duty Station** \_\_\_\_\_

**IMMIGRATION**

**Name of Petitioner** \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

**Name of Beneficiary** \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

**Receipt Number** \_\_\_\_\_ **Alien Number** A- \_\_\_\_\_

**Current Immigration Status** \_\_\_\_\_

**IMMIGRATION FORM FILED**

- |                                |                                 |                                |
|--------------------------------|---------------------------------|--------------------------------|
| <input type="checkbox"/> G-639 | <input type="checkbox"/> I-485  | <input type="checkbox"/> I-612 |
| <input type="checkbox"/> I-90  | <input type="checkbox"/> I-526  | <input type="checkbox"/> I-730 |
| <input type="checkbox"/> I-129 | <input type="checkbox"/> I-589  | <input type="checkbox"/> I-751 |
| <input type="checkbox"/> I-130 | <input type="checkbox"/> I-600  | <input type="checkbox"/> I-765 |
| <input type="checkbox"/> I-131 | <input type="checkbox"/> I-600A | <input type="checkbox"/> N-400 |
| <input type="checkbox"/> I-140 | <input type="checkbox"/> I-601  | <input type="checkbox"/> N-600 |
- OTHER (SPECIFY): \_\_\_\_\_
- NONIMMIGRANT VISA (SPECIFY TYPE): \_\_\_\_\_

**IRS**

**Personal**  **Business: Tax ID Number** \_\_\_\_\_

If this is a business issue, please complete the following:

**Business Name** \_\_\_\_\_

**Business Address** \_\_\_\_\_

**Business Phone** \_\_\_\_\_ **Business Fax** \_\_\_\_\_

**Title** \_\_\_\_\_ **Signature** \_\_\_\_\_

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