



Casework and Privacy Act Release Form

If you have any questions about this form or about your case in general, please contact our office at 907-271-5915 or toll free at 877-501-6275. Our fax number is 907-258-9305.

You MUST have Adobe Reader installed on your computer to fill out this application. The latest version can be obtained here, <http://get.adobe.com/reader/>.

Section 1. Primary Contact Information

Last Name	First Name	E-mail Address	
Mailing Address		Apt #	
City	State	Zip Code	
Primary Phone	Secondary Phone	Social Security #	Date of Birth

Section 2. Optional Information *(Fill out only the fields that are applicable)*

Military Branch of Service	Rank	Dates of Service	
Passport # <i>(immigration/visa cases)</i>	Alien # <i>(immigration cases)</i>	Case/Claim #	
<i>Fill out the following if contacting on behalf of a family member</i>			
Family Member First Name	Last Name	Social Security #	Date of Birth

Section 3. Federal Agency Section

Federal Agency Involved	Have you contacted our office before? If so, when?
Other Congressional Offices Contacted	Date Contacted

Section 4. Please indicate what specifically you would like our office to do for you. Give highlights, necessary dates and locations.

Section 5. Application Agreement:

Please read the following before signing this application, as your signature indicates your agreement with the following statements:

The Privacy Act of 1974 provides that disclosure of information of a personal or confidential nature of an individual will only be released to third parties with written consent of the individual concerned. I hereby grant Senator Mark Begich my written permission to intercede on my behalf. I also duly authorize any information which is contained in my records and necessary to provide a substantive response may be disclosed to Senator Mark Begich.

Signature

Date