



United States Senator Ron Johnson - Privacy Release Form

*The Privacy Release Act of 1974 (Public Law 93-579) prevents agencies from releasing information about you to anyone without your written permission. Therefore, I need your signature on this waiver before I can contact a federal agency on your behalf. Please print this form, complete it, sign it, and mail it to my **Milwaukee office**. If you do not have a printer, you may request a Privacy Release Form from either of my state offices.*

IF YOU ARE THE CLAIMANT:

Name:(circle one) Mr./Ms./Mrs. _____ Date of Birth: _____

Claim/Case#: _____ Federal Agency _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone Number: (H): _____ (C): _____

Email: _____ SS#: _____

IF FILING CLAIM FOR RELATIVE, PLEASE PROVIDE INFORMATION PERTAINING TO YOUR RELATIVE:

Name:(circle one) Mr./Ms./Mrs. _____

Date of Birth: _____ Relationship: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone Number: (H): _____ (C): _____

Email: _____ SS#: _____

AUTHORIZATION:

I hereby request and authorize you to release all relevant portions of my records and to discuss issues involved in this case with Senator Ron Johnson or any member of his staff until this matter is resolved.

Claimant Signature: _____ Date: _____

Signature of person filing for a relative: _____

Have you opened a case with another office? _____ If yes, which office? _____

IN A SEPARATE ATTACHED LETTER

PLEASE EXPLAIN WHY YOU ARE SEEKING SENATOR JOHNSON'S ASSISTANCE - INCLUDE ANY RELEVANT DOCUMENTS, IMPORTANT DEADLINES, CONTACTS, CASE OR REFERENCE NUMBERS. FOR ALL IMMIGRATION APPLICATION INQUIRES PLEASE INCLUDE RECEIPT NUMBERS, PASSPORT NUMBERS, ALIEN NUMBERS, AND INTERVIEW DATE, IF APPLICABLE.

PLEASE RETURN TO:

U.S. Senator Ron Johnson
517 East Wisconsin Avenue, Suite 408
Milwaukee, WI 53202
Fax: 414-276-7284