



# PRIVACY ACT CONSENT FORM

The provisions of Public Law 93-579 (Privacy Act of 1974) prohibit the disclosure of information of a personal nature from the files of an individual without their consent. Accordingly, I authorize the staff of Senator Chris Coons to make inquiries and to access any and all of my records or files as necessary to assist me in the matter I have stated below:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## INFORMATION ABOUT YOU AND YOUR CASE:

\_\_\_\_\_  
First Name

\_\_\_\_\_  
M.I.

\_\_\_\_\_  
Last Name

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

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

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

\_\_\_\_\_  
Daytime Phone Number

\_\_\_\_\_  
Evening Phone Number

Do you currently have a case pending before a local, state or federal court pertaining to this matter? (Circle One) **YES** or **NO**

\_\_\_\_\_  
Federal Agency Involved

\_\_\_\_\_  
Your Social Security Number

\_\_\_\_\_  
Your Alien Registration Number (if applicable)

\_\_\_\_\_  
U.S. CIS Application Form Number

\_\_\_\_\_  
Rank and Military Branch of Service

## Send this form, along with a detailed letter and all supporting documentation to:

(If resident of New Castle County)

Office of U.S. Senator Chris Coons

Attn: Constituent Affairs

1105 N. Market Street

Wilmington, DE 19801-1233

fax: 302-573-6351

or

(If resident of Kent County or Sussex County)

Office of U.S. Senator Chris Coons

Attn: Constituent Affairs

500 West Loockerman Street, Suite 450

Dover, DE 19904

fax 302-736-5609