



U.S. Senator Ted Cruz

United States Senator • Texas

The Information and Privacy Act Form

The Privacy Act requires your written consent before a government agency will release information to our office regarding your records. To better serve you, please complete this form and return it as indicated below. Please be aware that the person requesting assistance must sign this form.

I hereby authorize the office of **SENATOR TED CRUZ** to request on my behalf, pertinent to the Freedom of Information and Privacy Act of 1974, access to information concerning me, and to forward copies of my correspondence involving (Name of Agency) _____
_____. In addition, the office of **SENATOR CRUZ** is also authorized to see any materials that may be disclosed pertinent to that request.

NAME: _____

EMAIL ADDRESS: _____

HOME PHONE #: (_____) _____

WORK PHONE #: (_____) _____

CELL PHONE #: (_____) _____

MAILING ADDRESS: _____

HOME OF RECORD (service members only): _____

DATE OF BIRTH: ____ / ____ / ____ (mm/dd/yyyy)

SOC SEC #: _____-_____-_____

VA CLAIM # (if applicable): _____

PASSPORT # (if applicable): _____

ALIEN REGISTRATION # (if applicable): _____

OTHER ID #: _____ (if applicable, please indicate tax year(s) and form #)

***Have you requested assistance from any other Congressional office? If yes, which one and did you receive a final response? _____**

(Signature)

(Date)

USE THIS PAGE TO EXPLAIN YOUR PROBLEM TO THE SENATOR

Note: Because of security measures, mail is now irradiated, which can damage sensitive items such as cassette tapes, videos, CD's and DVD's. Fax, e-mail and web form are the quickest ways to forward your information.

INSTRUCTIONS:

Please write a brief letter outlining the nature of your problem and be as specific as possible. In particular, include the names of any public officials you have communicated with in the past and the dates those communications occurred. Also, please attach any relevant correspondence that you have initiated or received concerning your problem. You may submit your completed form and any other pertinent attachments by:

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