



UNITED STATES SENATOR RAND PAUL

1029 STATE STREET
BOWLING GREEN, KY 42101
PHONE: (270) 782-8303

PRIVACY ACT RELEASE FORM

Due to the provisions of the Privacy Act of 1974, permission in writing is required before making an inquiry on your behalf. Completing and signing this form authorizes U.S. Senator Rand Paul and those acting on his behalf to make inquiries to the appropriate federal agency on your behalf.

Date: _____

Mr. Ms. Mrs. Other: _____

Full Name: _____

Address: _____ Home Work

City/State/Zip: _____ County: _____

Phone#: Home (_____) _____ Work (_____) _____ Cell (_____) _____

Email Address: _____

Date of Birth: _____ Marital Status: _____

.....
If applicable to your request for assistance, please provide the following information:

Social Security #: _____ Veteran's Claim #: _____

Medicare #: _____ OPM CSA/CSF #: _____

(Active Duty) Military Branch, Rank & Unit: _____

(Veterans) Period of Service: (circle) WWII, Korea, Vietnam, Gulf War, OEF/OIF, other _____

Alien Registration #: _____ CIS/DOS Receipt #: _____

Other numbers identifying your claim: _____
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Have you contacted another Congressional Office? Yes No

If yes, which office have you contacted? _____

Are you working with an attorney in this matter? _____

Persons to whom we can discuss your case (ex.: Spouse): _____

Please provide a brief explanation of your problem or request with the below agency and specify how our office may be of assistance. Continue on another sheet if necessary. Send *photocopies only* of any documents you may have to support your claim. It is important for you to retain the originals for your files.

Federal Agency Involved: _____

Explanation / Request: _____

Signature: _____

Date: _____

Once complete, please return to:

U.S. Senator Rand Paul
1029 State Street
Bowling Green, KY 42101