



Congressman Jim Bridenstine  
1<sup>st</sup> District of Oklahoma

Privacy Release and Constituent Information Form

In keeping with the restrictions of the Privacy Act of 1974, I hereby authorize Congressman Jim Bridenstine and/or his representative to request information from any Federal agency or department in attempting to answer my inquiry. I understand this authorization may include correspondence in written, telephonic, voicemail, facsimile, e-mail or other forms –including medical records or other documents or matters relative to my case – to Congressman Jim Bridenstine and/or his representative.

STEP  
1

Please complete the following personal information for the subject of the inquiry.

Name \_\_\_\_\_  
First Middle Last

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

City State Zip Code

Telephone Home \_\_\_\_\_ Work \_\_\_\_\_  
Fax \_\_\_\_\_ Cell \_\_\_\_\_

E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

STEP  
2

Briefly explain the problem and attached copies of any relevant documentation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Use additional paper if more space is needed.

Have you contacted any other Congressional or Senate offices about this issue? \_\_\_\_\_ If yes, whom? \_\_\_\_\_

STEP  
3

Sign and Date- Then go to the next page.

If you are signing on behalf of another, please provide a copy of your authority to do so (example: Power of Attorney).

I hereby declare that I am currently a resident of the First Congressional District and the information contained in this release is truthful and complete to the best of my knowledge.

\_\_\_\_\_  
Print your name

\_\_\_\_\_  
Signature or Mark

\_\_\_\_\_  
Date

You have my permission  
to discuss my case with the  
following person (s):

\_\_\_\_\_  
\_\_\_\_\_



Congressman Jim Bridenstine  
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STEP  
4

Complete only the sections that apply to your inquiry.  
If you do not know the requested information, you may leave it blank.

**Social Security**

Current level of claim:

- New Claim  Reconsideration  Hearing  Appeals Council  Federal Court

**Immigration**

Beneficiary Information (If more room is needed, please attach additional pages)

Name \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_  
Street Address City State Zip Code

A Number \_\_\_\_\_

Receipt Number \_\_\_\_\_ Date of Application \_\_\_\_\_

**Internal Revenue Service**

Company Name \_\_\_\_\_ EIN # \_\_\_\_\_  
(If applicable) Employee Identification Number (If applicable)

Your Relationship to the Business \_\_\_\_\_

Type of Tax (income, employment, etc.) \_\_\_\_\_

Tax Years: From \_\_\_\_\_ To \_\_\_\_\_ Tax Form \_\_\_\_\_

Office Use

I give TPA permission to contact the constituent directly regarding this inquiry \_\_\_\_\_  
Initials

**Medicare or Workers Compensation**

Medicare Number \_\_\_\_\_ OWCP Number \_\_\_\_\_

**Veterans Affairs and Military**

VA Case/C-File # \_\_\_\_\_ Branch of Service \_\_\_\_\_

Rank/Grade \_\_\_\_\_ Dates of Service \_\_\_\_\_ Duty Station \_\_\_\_\_

**Passport**

Date of Application \_\_\_\_\_ Date of Travel \_\_\_\_\_ Application # \_\_\_\_\_

Destination \_\_\_\_\_ Did you pay to expedite the application? \_\_\_\_\_

STEP  
5

**Return**

**By Mail or In Person:**  
Congressman Jim Bridenstine  
2448 E. 81<sup>st</sup> St, Suite 5150  
Tulsa, OK 74137

**By Fax:** (918) 935-2716  
**By E-mail:**  
Samantha.Jones@mail.house.gov

**Questions?**  
(918) 935-3222