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# Constituent Request For Service <br> Privacy Act Release Form <br> Social Security Administration 

Name:
(Please Print your Full Name)
Address: $\qquad$

Phone (Home)
(Work) $\qquad$
(e-mail address) $\qquad$
Social Security Number
Date of Birth
Please check the type of Social Security benefits applied for:
Supplemental Security Income (SSI) $\qquad$
Social Security Disability (SSDI)
Retirement Benefits $\qquad$
If Denied, have you filed an appeal? $\qquad$
Where is your appeal currently pending?
Do you have a person representing you? $\qquad$
Representative's name: $\qquad$ Representative's phone number: $\qquad$
Please provide a detailed description of the problem and attach any pertinent information:
$\qquad$
$\qquad$
$\qquad$
$\qquad$

In accordance with Title 5, Section 552(a), of the United States Code (the Privacy Section), I hereby authorize Congressman Ruppersberger to request assistance in my behalf in connection with my above-named problem, and I authorize disclosure of my records to Congressman Ruppersberger or his designated representative.
$\qquad$ Date: $\qquad$
Congressman Ruppersberger and his staff are committed to serving citizens. We are effective advocates for those we represent by using our legislative knowledge and casework expertise. Through community outreach we identify the needs of our diverse constituency and provide accessibility to government services. We value our constituent's input and we work to instill confidence in our Nation's democratic process.

