

## 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. I also authorize any Federal Agency or Department to furnish copies of any documents, correspondence, or information relative to my inquiry to Congressman Jim Bridenstine and/or his representative.

Please complete the following personal information for the subject of the inquiry.					
First Name	Middle	Last			
Street Address		City	State		
Zip Code	Home Phone	Cell Phone			
Fax Number	Email				
Date of Birth	Soc	Social Security Number			
Briefly explain the p	roblem and attached copies of any rel	l attached copies of any relevant documentation. *Required (Please print			
	Have you contacted any other Congressional or Senate offices about this issue? If yes, whom				
Have you contacted a	ny other Congressional or Senate office	s about this issue? If ye			
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Sign and Date- Then	go to the next page. If you are signing or				
Sign and Date- Then					
<b>Sign and Date- Then</b> authority to do so (exar I hereby declare that	<b>go to the next page.</b> If you are signing on nple: Power of Attorney). I am currently a resident of the First Co	n behalf of another, please provid ngressional District and the in	e a copy of your		
<b>Sign and Date- Then</b> authority to do so (exar I hereby declare that	<b>go to the next page.</b> If you are signing on nple: Power of Attorney).	n behalf of another, please provid ngressional District and the in	e a copy of your		
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<b>Sign and Date- Then</b> authority to do so (exar I hereby declare that in this release is trut	<b>go to the next page.</b> If you are signing on nple: Power of Attorney). I am currently a resident of the First Co	n behalf of another, please provid ngressional District and the in	e a copy of your		

P	Complete <b>only</b> 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)				
	First Name	Middle	Last		
	Street Address	City	State Zip Code		
	A Number	Receipt Number	Date of Application		
	Internal Revenue Service				
	Company Name (if applicable)	applicable) EIN #			
	Your Relationship to the Business				
	Type of Tax (income, employment, etc.)	Tax Years: From _	To Tax Form		
	(Office Use Only) I give TPA permission to contact the constituent directly regarding this inquiry				
	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		
	Passports				
	Date of Application Date of Travel Application Number				
	Destination	ou pay to expedite the application? _			
•	Return				
	By Mail or In Person	By Fax or Email	Questions?		
	Congressman Jim Bridenstine 2448 E. 81st St, Suite 5150 Tulsa, OK 74137	Fax: 918-935-2716 Email: Bridenstine@mail.house.gov	918-935-3222		