

CASEWORK PRIVACY RELEASE FORM

Mail or Fax to: Senator Thad Cochran
190 East Capitol Street, #550
Jackson, MS 39201
Office: (601) 965-4459
Fax: (601) 965-4919

Date: _____

Name: (Mr. Mrs. Ms.) _____

Address: _____

Email Address: _____

Home Phone: _____

Work Phone: _____

Agency Involved:

Social Security Number/File Number:

Have you contacted our office before? _____

Is this matter currently pending before a local, state or federal court? _____

Problem: Please briefly explain your problem and outline the steps that have been taken by the agency with regards to your situation. In addition, please make your request for assistance as specific as possible. This will enable the Senator to better understand your needs in his efforts to assist you.

I hereby authorize U.S. Senator Thad Cochran to make inquiries and obtain information regarding my case currently pending with the above mentioned federal agency.

Signature: _____

FOR OFFICE USE ONLY:

Received by: _____

Caseworker: _____