



U.S. Senator Joni Ernst
Privacy Act Release Form

Name: _____

Address: _____ City: _____ Zip: _____

Telephone Number (day): _____ (evening): _____

Email: _____

Please include the following information only if it pertains to your inquiry:

Veterans Claim #: _____ Civil Service #: _____

Social Security #: _____ Medicare Claim #: _____

Immigration A# or Receipt #: _____ Date of Birth: _____

Please state your request for assistance*: _____

*Please attach an explanation of your situation, copies of pertinent documents, letters, etc.

Disclosure Authorization

In accordance with the provisions of the Privacy Act, I hereby authorize U.S. Senator Joni Ernst and her staff to receive information pertinent to my request for assistance from any and all government agencies indicated above.

****Please note that an original signature is required, not a digital one. ****

Signature: _____ **Date:** _____

Third Party Disclosure (optional)

I hereby authorize U.S. Senator Joni Ernst and her staff to discuss the results of this inquiry on my behalf with the following individual: _____

Signature: _____ **Date:** _____

When completed, please mail this form and any additional documents to the Des Moines office.