



# Office of Congressman Pat Tiberi

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Mr. Mrs. Ms. Dr. Full Name:(please print) \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone:(Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_ Sign me up for Congressman Tiberi's e-newsletter

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Federal Agency Involved: \_\_\_\_\_ Please list any other Congressional or Senate office(s) you have contacted your about case \_\_\_\_\_

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

Veterans Claim/Service#: \_\_\_\_\_ Branch#: \_\_\_\_\_ Rank/Unit: \_\_\_\_\_

Alien Registration #: \_\_\_\_\_ LIN (receipt) #: \_\_\_\_\_ CSA/DOL/Other #: \_\_\_\_\_

**Social Security Inquires Only**

Type of Social Security Claim Filed: \_\_\_\_\_

Initial Claim	Date Filed _____	Pending	Approved	Denied
Reconsideration	Date Filed _____	Pending	Approved	Denied
ALJ Hearing	Date Filed _____	Pending	Approved	Denied
Appeals Council	Date Filed _____	Pending	Approved	Denied

**In the space provided below, please state the nature of the problem for which you are requesting assistance.**

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

(Use additional paper if necessary)

If you wish to authorize the release of information regarding your case to a third party, please provide their names:

\_\_\_\_\_

**I hereby request Congressman Tiberi's assistance and authorize, under the Privacy Act of 1974, the release of any and all information necessary on my behalf.**

Signature \_\_\_\_\_

Date \_\_\_\_\_