Congressman Tom Cole
4th District of Oklahoma

Privacy Release and Constituent Information Form

Please Return to:
Congressman Tom Cole
2424 Springer Dr.; Suite 201
Norman, OK 73069
405-329-6500
Fax: 405-321-7369

In keeping with the restrictions of the Privacy Act, I hereby authorize Congressman Tom Cole and/or his representative to request information from any federal agency or department in attempting to answer my inquiry. I understand that this authorization may include written, telephonic, facsimile, electronic, or other means of communication. I further authorize the federal agency or department to furnish and release any and all information, copies, or correspondence -including medical records- to Congressman Tom Cole and/or his representative.

STEP 1 **Complete the following personal information for the subject of the inquiry.**

Name _____
First Middle Last

Address _____
Street Address

_____ _____ _____
City State Zip Code

Telephone Home_____ Work_____

Fax_____ Cell_____

E-mail _____

Date of Birth _____ Social Security Number _____

STEP 2 **Briefly explain the problem and attach copies of any relevant documentation.**

Use additional paper if more space is needed

STEP 3 **Sign and date - Then go to the next page.**

If you are signing on behalf of another, please provide a copy of your authority to do so (example: Power of Attorney).

_____
Print your name

_____ _____
Signature or Mark (If mark, provide two witnesses below) **Date**

_____ _____

You have my permission to discuss my case with the following person(s):

_____

_____

STEP 4 Complete any of the additional sections that may apply to your inquiry.

Please complete any sections that pertain 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

Beneficiaries Information:

Name _____
First Middle Last

Address _____
Street Address City State Zip Code

A Number _____ Date of Birth _____

Receipt Number _____ Date of Application _____

◊ Internal Revenue Service

Company Name _____ (If applicable) EIN # _____ Employee Identification Number (If applicable)

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 _____

◊ Workers Compensation

OWCP Number_____

◊ Medicare

Medicare Number _____

◊ Veterans Affairs and Military

C-File #_____ (If applicable) Branch of Service _____ Rank/Grade _____

Dates of Service _____ Duty Station _____

*If the inquiry regards a records request for a decesed member of service, please attach a copy of the death certificate or newspaper obituary. All TRICARE inquiries require the completion of a separate medical release form. Contact our Ada office to obtain this additional document.

◊ Passport

Date of Application _____ Date of Travel _____ Application # _____

Destination _____ Did you pay to expedite the application? ☐ Yes ☐ No

STEP 5 Return

By Mail:

Congressman Tom Cole
2424 Springer Drive
Suite 201
Norman, OK 73069

By Fax: (405) 321-7369

Questions?

Online:
www.cole.house.gov

Immigration, IRS, Workers Compensation, Passports
Norman Office: 405-329-6500
2424 Springer Drive; Suite 201 - Norman, OK 73069

Military and Veteran Affairs
Ada Office: 580-436-5375
100 East 13th Street; Suite 213 - Ada, OK 74820

Social Security, Medicare, Office of Personnel Management
Lawton Office: 580-357-2131
711 SW D Avenue; Suite 201 - Lawton, OK 73501