Privacy Release Form
Social Security Administration (SSA)

Name (please print): _____   ____   _____
                              (First)   (M)   (Last)

Address: _____
                                    (Street)

_____   _____   _____
              (City)   (State)   (Zip)

Date of Birth: _____

Social Security Number: _____/_____/_____

Home Phone: _____   Cell Phone: _____

Email Address: _____

Would you like to receive Representative Hollingsworth's email newsletters?   ___Yes ___No

How did you hear about the services your congressional office has to offer? _____
_____

Have you contacted any other elected officials about this issue?   ___Yes ___ No
If yes, who? _____

Did you receive a response from their office?   ___Yes ___ No
If so, please list: _____

_____

_____

Claim History:
In order for our office to assist you, you must have an open claim with the (SSA).
Has a claim already been filed?   ___Yes ___No
How long has it been since claimant last worked? _____
If yes, at which Social Security Office? _____
Is your claim currently in appeal status?   ___Yes ___No
Date (or approximate date) claim filed: _____

Please describe the nature of your SSA claim (SSI, Disability, etc.): _____

_____

_____

Please describe the issue for which you are requesting assistance and be specific as to what you hope the outcome to be:

_____

_____

_____

_____

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_____

_____

_____

If you wish to authorize the release of information regarding your case to a third party, please provide their names and relationship (Ex. spouse, child, etc.): _____

_____

Constituent Authorization:
I hereby request the assistance of Representative Trey Hollingsworth to resolve the matter described above. I authorize Trey Hollingsworth and his staff to receive any information that they might need to provide this assistance.

The information I have provided to Representative Trey Hollingsworth is true and accurate to the best of my knowledge and belief. The assistance I have requested from Mr. Hollingsworth's office is in no way an attempt to evade or violate any federal, state, or local law. This must be signed by involved constituent or legally appointed representative.

SIGNATURE: _____ DATE: _____

Please complete form and return to the following address:

Representative Trey Hollingsworth
ATTN: Shelly Watkins
321 Quartermaster Court
Jeffersonville, IN 47130

Please attach a copy of any documents that may be helpful to us.