

United States Senator Elizabeth Warren

Privacy Act Release Form

Please fill out this form so that the office of Senator Warren can assist you in the matter you describe below. Pursuant to the Privacy Act of 1974, our office cannot assist individuals without their express written consent.

1

Mr. Mrs. Ms. Full Name:

Date of Birth:

Home Phone:

Email:

Cell Phone:

Address:

City:

State:

Zip:

If applicable, please provide us with the following information:

Social Security #:

Alien Registration #:

Veteran's Claim #:

Rank:

Branch of Service:

USCIS Case #:

Receipt/Priority Date:

Interview Date:

2

Please provide a brief explanation of your reason for requesting assistance from Senator Elizabeth Warren's office in the space provided below and attach **copies** of any supporting documents:

3

As required by Public Law 93-579, the Privacy Act, I hereby request and authorize Senator Elizabeth Warren and her staff to intercede on my behalf, including the right to review all appropriate documentation that she or her staff deems necessary in connection with the application for assistance or any other action I have pending with the agency named below. I understand that any documents I provide to Senator Elizabeth Warren or her staff may be copied and forwarded to officials of the agency listed below for review.

I, _____, hereby authorize the Office of Senator Elizabeth Warren to act on my behalf with _____, and therefore, waive all rights in the release of any and all related information and records.

I also understand that this inquiry may not conclude in my best interest. I sign this waiver in good conscience and without mental reservation.

Signature: _____

Date: _____

[Office use only] Staff:

Case number: