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.

Favor di prienxi es furmuláriu pa skritóriu di Senadora Warren podi asistibu na asuntu ki bu diskrevi dibaxu. Sigindu dikretu lei di Privasidadi di 1974, nos skritóriu ka podi djuda pesoas sen ses konsentimentu pur skritu.

Mr. (*Sr.*)□ Mrs. (*Sra.*)□ Ms. (*Mna.*)□

Full Name (*Nomi Konpletu*):_____

Date of Birth (*Data di Nasimentu*):_____ Home Phone (*Tilifoni di Kaza*):_____

Email (*E-mail*):_____ Cell Phone (*Móvel*):_____

Address (*Enderesu*):_____

City (*Sidadi*):_____ State (*Stadu*):_____ Zip (*Kódigu postal*):_____

If applicable, please provide us with the following information(Si for aplikável, favor di fornese-nu sigintis informason):

Social Security #(*No. di Siguru Sosial*):_____

Alien Registration Card (*No. di Karton di Rezidensia*):_____

Veteran Claim #(*No. di Reklamason di Veteranu*):_____ Rank (Diviza):_____

Branch of Service (*Ramu di Servisu Militar*):_____

Student Loan Account #(*No. di Konta di Inpréstimu di Studanti*): _____

USCIS Case # (*No. di Kazu di USCIS*):_____Receipt/Priority Date (*Resibu/Data di Prioridadi):*_____

Interview Date (*Data di Intrevista*):_____

Housing Loan Account # *(No. di Inpréstimu di Abitason*):_____

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:
*Favor di fornesi un splikason brevi di razon ki bu sta pidi asistensia di servisus di skritóriu di Senadora Elizabeth Warren na spasu pruvidu dibaxu y anexa **kópias** di kualker dukumentason di suporti:*

_____

_____

_____

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 (*Sinatura*):_____ Date (*Data*): _____→

Asin komu é rekeridu pa Lei Públiku 93-579, Lei di Privasidadi, pa es meiu n ta fazi pididu y n ta otoriza Senadora Elizabeth Warren y sê ekipa a intersedi na nha nomi, inkluindu direitu di reviza tudu dukumentason ki ela o sê ekipa julga nesesáriu, relasionadu ku pididu di asistensia o kualker otu ason pendenti ku ajensia sitadu dibaxu. N ta konprendi ki kualker dukumentu fornesidu a Senadora Elizabeth Warren o sê ekipa, podi ser kopiadu y enkaminhadu pa funsionárius di ajensia listadu dibaxu pa ser revistu.

A mi,_____,pur es meiu n ta otoriza Gabineti di Senadora Elizabeth Warren a aji na nha nomi, ku_____,y purtantu, renúnsia a tudu direitus na divulgason di tudu y kualker informason relasionadu.

Tanbe n ta entendi ki ês inkéritu podi ka konklui na nha midjor interesi. N ta sina es renúnsia di nha plenu konsiensia y sen rezerva mental.