 **RELEASE OF INFORMATION FORM**

**Office of United States Senator Michael F. Bennet**

Before an inquiry can be made on your behalf and subject to the provisions of the Privacy Act of 1974 (Title 5, Sec. 552A of the U.S. Code), the Office of United States Senator Michael Bennet must first receive, in writing, your permission. Please provide the information below (**please print**) and **RETURN TO:** Casework@bennet.senate.gov or **Fax**: 720-904-7151 or **Mail** to 1244 Speer Blvd., Ste. 880, Denver, CO 80204. If you wish to speak to a member of Senator Bennet’s staff please call: 303-455-7600.

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***(****not typed****) I hereby authorize Senator Bennet and his staff to work on my behalf with any federal agency relevant to the matter described below, to receive and review any information contained in my file and, if necessary, to forward any pertinent correspondence sent by me regarding this matter.*

**Please complete the following section as we must have this information to effectively assist you:**

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Phone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Please include the Information that pertains to your issue:**

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| --- |
| Housing Loan #: Name of Bank:  |
| IRS Case #: Specific years in question: |
| Social Security Case #: New Enrollment? YES NO Date: |
| Immigration File#: DHS/DOS office: |
| Military Rank:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Branch:\_\_\_\_\_\_\_\_\_\_\_Years of Service:\_\_\_\_\_\_\_ Last Post/Base/Port:\_\_\_\_\_\_\_\_\_\_\_\_ Retirement/Separation Date: Disabled? YES NO Percentage? |
|  |

Have you retained an attorney? YES NO Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Have you contacted another congressional office? If so, whom? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Briefly describe the problem:**