



# United States Senator Jack Reed

## AUTHORIZATION & RELEASE OF INFORMATION FORM

1000 Chapel View Boulevard, Suite 290 | Cranston, RI 02920

T: (401) 943-3100 | F: (401) 464-6837

The Privacy Act of 1974 (Public Law 93-579) prohibits the federal government from revealing any information from personal files of individuals without the expressed, written permission of the individual involved. Therefore, in order to initiate an inquiry, please provide your contact information and complete the release below.

### CONTACT INFORMATION

\_\_\_ Mr.

\_\_\_ Mrs.

\_\_\_ Ms.

\_\_\_\_\_  
*FIRST NAME*

\_\_\_\_\_  
*MIDDLE NAME*

\_\_\_\_\_  
*LAST NAME*

ADDRESS: \_\_\_\_\_

ADDRESS (2): \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### AUTHORIZATION

I, \_\_\_\_\_, hereby request and authorize U.S. Senator Jack Reed and his staff to intercede on my behalf, including the right to review all appropriate documentation that he and his staff deem necessary in connection with my application for assistance or any other action I have pending with the \_\_\_\_\_.

*NAME OF AGENCY*

I understand that any documents I provide to Senator Reed and his staff may be copied and forwarded to officials of the agency listed above for review. I waive all rights to the release of all related information and records. I also understand that this inquiry may not conclude in my best interest. I sign this release in good conscience and without mental reservation.

\_\_\_\_\_  
*SIGNATURE*

\_\_\_\_\_  
*DATE*

\_\_\_\_\_  
*SOCIAL SECURITY NUMBER (SSN)*

\_\_\_\_\_  
*DATE OF BIRTH*

### PLEASE RETURN THIS FORM:

**Email:**

Casework@Reed.Senate.Gov

**Mail:**

U.S. Senator Jack Reed  
1000 Chapel View Boulevard  
Suite 290  
Cranston, RI 02920

**Fax:**

401-464-6837

## ADDITIONAL INFORMATION

Some agencies require additional information in order for Senator Reed's office to make a formal inquiry. Please complete the following section(s) that pertain to your particular inquiry. Please note that additional information may be requested throughout the inquiry's process.

\_\_\_ Mr.

\_\_\_ Mrs.

\_\_\_ Ms.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

### EDUCATION / STUDENT LOAN ISSUES

LOAN SERVICER/HOLDER: \_\_\_\_\_ LOAN SERVICE NUMBER: \_\_\_\_\_

LOAN SERVICER/HOLDER (2): \_\_\_\_\_ LOAN SERVICE NUMBER (2): \_\_\_\_\_

### IMMIGRATION / VISA ISSUES

USCIS PETITION RECEIPT NUMBER: \_\_\_\_\_ PRIORITY DATE: \_\_\_\_\_

ALIEN REGISTRATION NUMBER A- \_\_\_\_\_ TYPE OF APPLICATION FILED: \_\_\_\_\_

PETITIONER: \_\_\_\_\_ BENEFICIARY: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ NVS CASE NUMBER: \_\_\_\_\_

TYPE OF VISA: \_\_\_\_\_ US EMBASSY/CONSULATE WHERE APPLYING: \_\_\_\_\_

PASSPORT NUMBER OF APPLICANT (NIV CASES): \_\_\_\_\_

### IRS / TAX ISSUES

TAX ID NUMBER: \_\_\_\_\_ TAX YEAR(S)/PERIOD: \_\_\_\_\_

TYPE OF TAX: \_\_\_\_\_ TAX FORM(S): \_\_\_\_\_

### OFFICE OF PERSONNEL MANAGEMENT (OPM) ISSUES

CIVIL SERVICE NUMBER (IF APPLICABLE): \_\_\_\_\_

### PASSPORT ISSUES

Passport Card  Passport Book  New Application  Renewal  Routine Processing  Expedite Processing

FULL LEGAL NAME (IF DIFFERENT FROM ABOVE): \_\_\_\_\_

DATE APPLICATION FILED: \_\_\_\_\_ DEPARTURE DATE: \_\_\_\_\_ DEPARTURE TIME: \_\_\_\_\_

LOCATOR NUMBER: \_\_\_\_\_ TRAVELING TO: \_\_\_\_\_

### SOCIAL SECURITY INQUIRIES

TYPE OF CLAIM FILE: \_\_\_\_\_ SSA BRANCH: \_\_\_\_\_

INITIAL CLAIM DATE FILED: \_\_\_\_\_  Pending  Approved  Denied

RECONSIDERATION DATE FILED: \_\_\_\_\_  Pending  Approved  Denied

ALJ HEARING DATE FILED: \_\_\_\_\_  Pending  Approved  Denied

APPEALS COUNCIL DATE FILED: \_\_\_\_\_  Pending  Approved  Denied

### VETERAN ISSUES / REQUEST FOR MILITARY RECORDS & AWARDS

FULL NAME OF VETERAN (IF DECEASED): \_\_\_\_\_

BRANCH OF THE MILITARY: \_\_\_\_\_ SERVICE NUMBER: \_\_\_\_\_

APPROXIMATE DATES OF SERVICE: \_\_\_\_\_ TO \_\_\_\_\_