



Office of Senator Jim Banks

PRIVACY RELEASE FORM

Authorization in Accordance with the 1974 Privacy Act.

Name: _____ Date of Birth: _____

Home Phone: (____) _____ Other Phone: (____) _____ Best time to call: _____

Email: _____ Preferred method of contact: _____

Address: _____

City: _____ State: _____ Zip: _____

The federal agency I need assistance with: _____ (VA, Social Security, etc.)

The issue I am having is: _____

The resolution I am seeking is: _____

Social Security # / VA # / Receipt # (etc.): _____

(Please provide the appropriate identification number pertaining to the assistance which you are seeking our help)

Note: The Privacy Act requires the completion of this form in order for Senator Banks or his representative to receive information on behalf of his constituents. I hereby authorize the agency (or agencies) to release to Senator Banks or his representative any and all information contained in my records and/or for Senator Banks or his representative to discuss my records with the agency involved or with any third party designated on the reverse side of this document.

☐

I would like to receive e-newsletters and other important information from Senator Banks.

SIGNATURE: _____ Date: _____

Have you contacted any other elected official regarding this case? Yes/No (circle one) If so, who?

Please list the name and relationship information for any third person we can disclose information to (attorney, parent, spouse, state legislator, etc.)

_____ Phone Number: _____

_____ Phone Number: _____

_____ Phone Number: _____

Please return this form to the office below:

Office of U.S. Senator Jim Banks
E. Ross Adair Federal Building
1300 S. Harrison Street
Fort Wayne, IN 46802

Email: casework@banks.senate.gov