



# Office of United States Senator Michael F. Bennet

## RELEASE OF INFORMATION FORM

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](mailto: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: \_\_\_\_\_

*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:**

<b>Housing</b> Loan #:		Name of Bank:					
<b>IRS</b> Case #:		Specific years in question:					
<b>Social Security</b> Case #:		New Enrollment?		YES	NO	Date:	
<b>Immigration</b> File#:		DHS/DOS office:					
<b>Military</b> 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:**