

Office of Senator Al Franken

Authorization to Release Information

The Privacy Act of 1974 requires your written consent to assure information can be obtained from a government agency regarding your records. To better serve you, please complete both sides of this form and return it to the nearest office address. Please note the person requesting assistance must sign this form.

Please Print

Full Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Info: _____
(Preferred Phone) (Email Address) (Secondary Phone)

I prefer to be contacted by: Phone Email Letter

Date of Birth: _____

I hereby authorize Senator Al Franken or any member of his staff to work on my behalf with any federal agency relevant to the matter described on this form, to receive and review any information contained in my file and to forward any correspondence sent by me regarding this matter.

Signature: _____ **Date:** _____

Is there anyone that you permit to speak with our office on this issue for you? (EX: family member, interpreter, lawyer, friend, etc.) If applicable, please write their name(s) and phone number(s) below.

Office of Senator Al Franken
Attn: Constituent Service Representative

60 Plato Boulevard East, Suite 220
Saint Paul, MN 55107
Phone (651) 221-1016
Fax (651) 221-1078

515 West 1st Street, Suite 104
Duluth, MN 55802
Phone (218) 722-2390
Fax (218) 722-4131

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Have you contacted any other Congressional office? Yes No

If yes, which office have you contacted? _____

Please briefly explain your situation.

How can our office help you?

Please complete any section below that is relevant to your case.

Immigration/Visa Issues

USCIS Receipt Number: _____ Alien Number: _____

Type of Petition Filed: _____ Current Status: _____

Consulate Involved: _____ NVC Case Number: _____

Military or Veterans Issues

VA Case Number: _____ or Social Security Number: _____

Social Security/Medicare Issues

Social Security Number: _____ Medicare Number: _____

Type of claim filed: _____

Has the claim been denied? Yes No Which is your local SSA Office? _____