



THE HONORABLE MARK R. WARNER
PRIVACY ACT RELEASE

I am aware that the Privacy Act of 1974 prohibits the release of information regarding my case without my express written approval. Therefore, I authorize the following agency or agencies to release information regarding my concerns to the office of Senator Mark R. Warner (VA).

Agency/Department: _____

If your request is related to USCIS, ICE or a mortgage, please do not complete this form and instead fill out the appropriate form for your request available on our website.

*Please read and follow all directions carefully. If you are inquiring on behalf of someone, that person must sign this release of consent. **NO** action can be made without an original signature.*

Circle One: Mr./Mrs./Ms./Mx./Dr./Rev. **Name:** _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone Number: _____ **Cell Phone Number:** _____

Email Address: _____

Signature (non-digital): _____ **Date:** _____

If I wish Senator Warner's office to provide any information on this matter to another person such as parent, child or attorney, I have indicated those names here: _____

If you have previously contacted another Congressional office on this matter, please include the name of the office and date of contact here: _____

Please complete the section(s) that applies to your case:

Department of Defense or Veterans Affairs
Social Security Number: _____
Claim Number: _____

Social Security, Medicare or Marketplace
Social Security Number: _____
Date of Birth: _____

Office of Personnel Management
Social Security Number: _____
CSA/CSF Number: _____
Date of Birth: _____

Internal Revenue Service
Social Security Number: _____
EIN (for business issues only): _____
Date of Birth: _____

Department of Labor
Social Security Number: _____
OWCP Number: _____

U.S. Department of Education
Social Security Number: _____
Date of Birth: _____
Loan Number: _____

U.S. State Department (Visa Case)
Case Number: _____
Date of Birth: _____

U.S. Passport
Locator Number: _____
Passport Number: _____

Other: Name of Agency: _____ Identifying Number: _____

If you have questions about completing this form, please contact the Roanoke office at 540-857-2676