

**THE HONORABLE MARK R. WARNER
PRIVACY ACT RELEASE**

Please complete the section(s) that apply to your case

Active Military or Veteran's Administration

SS# _____ Serial# _____

Social Security, Medicare, Medicaid or ACA

SS# _____ Date of Birth _____

Office of Personnel Management (OPM)

SS# _____ CSA# _____ Date of Birth _____

USCIS, State Department or Visa

(Please do not provide your social security number in any correspondence)

Alien# _____ Receipt# _____ Date of Birth _____

Passport Application

SS# _____ Application# _____ Date of Birth _____

Department of Education

SS# _____ Account# _____ Date of Birth _____

IRS or Labor Department

SS# _____ EIN# _____ OWCP# _____

Other

(Please specify)

Department or Agency _____

Identifying Number# _____

(account, case, claim, etc.)