



THE HONORABLE MARK R. WARNER
PRIVACY ACT RELEASE

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, non-digital signature.

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 government agency or agencies to release information regarding my concerns to the office of Senator Mark R. Warner (VA).

Name of Federal Agency: \_\_\_\_\_

\*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 or by contacting our office.\*

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