



# UNITED STATES SENATOR RAND PAUL

1029 STATE STREET  
BOWLING GREEN, KY 42101  
PHONE: (270) 782-8303

## PRIVACY ACT RELEASE FORM

*Due to the provisions of the Privacy Act of 1974, permission in writing is required before making an inquiry on your behalf. Completing and signing this form authorizes U.S. Senator Rand Paul and those acting on his behalf to make inquiries to the appropriate federal agency on your behalf.*

Date: \_\_\_\_\_

Mr.  Ms.  Mrs.  Other: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  Home  Work

City/State/Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone#: Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

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***If applicable to your request for assistance, please provide the following information:***

Social Security #: \_\_\_\_\_ Veteran's Claim #: \_\_\_\_\_

Medicare #: \_\_\_\_\_ OPM CSA/CSF #: \_\_\_\_\_

Military Branch, Rank & Unit: \_\_\_\_\_

Alien Registration #: \_\_\_\_\_ CIS/DOS Receipt #: \_\_\_\_\_

Other numbers identifying your claim: \_\_\_\_\_

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Have you contacted another Congressional Office?  Yes  No

If yes, which office have you contacted? \_\_\_\_\_

Are you working with an attorney in this matter? \_\_\_\_\_

Persons to whom we can discuss your case (ex. Spouse): \_\_\_\_\_

**Please provide a brief explanation of your problem or request with the below agency and specify how our office may be of assistance. Continue on another sheet if necessary. Send *photocopies only* of any documents you may have to support your claim. It is important for you to retain the originals for your files.**

**Federal Agency Involved:** \_\_\_\_\_

**Explanation / Request:** \_\_\_\_\_  
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**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Once complete, please return to:**

U.S. Senator Rand Paul  
1029 State Street  
Bowling Green, KY 42101