

JAMES LANKFORD



UNITED STATES SENATOR FOR OKLAHOMA

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PRIVACY RELEASE and CONSTITUENT INFORMATION FORM

Pursuant to Public Law 93-579, the Privacy Act, I hereby authorize Senator James Lankford and/or his staff to request and receive information from the appropriate federal agency or department in reference to my inquiry. This authorization includes written correspondence, telephonic, or any other means of communication. The federal agency or department is authorized to furnish copies of any documents, correspondence, or information relative to my inquiry until the matter is resolved.

Name: _____
FIRST MIDDLE LAST

Address: _____
City _____ State _____ ZIP code _____

Date of birth: _____ Social Security Number: _____

Telephone: Home _____ Work _____
Fax _____ Cell _____

Email: _____

CASE INFORMATION

Briefly explain the problem, using additional paper if more space is needed. Attach copies of any relevant documentation.

*****NOTE: ALL EMAILED DOCUMENTS MUST BE IN PDF FORMAT (i.e., NO PHOTOGRAPHS).*****

Has another Congressional or Senate office been contacted regarding this issue? Yes No

If yes, please list the office: _____

I hereby declare under penalty of perjury that I am currently a resident of the State of Oklahoma and that the information contained in this release is truthful and complete to the best of my knowledge. *If you are signing on behalf of another, please provide a copy of your authority to do so (Power of Attorney, etc.).

HANDWRITTEN signature or mark: _____ Date: _____

Printed name: _____

PERMISSION: You have my permission to discuss my case with the following person(s): _____

Please proceed to page 2 of this document.

ADDITIONAL INFORMATION



Please complete ***ONLY*** the sections that apply to your inquiry. If you do not know the requested information, leave the space blank.



Social Security

Current level of claim: New claim Reconsideration Hearing Appeals Council Federal Court

Immigration—***Please attach the latest receipt or notification from USCIS or DoS.***

Petitioner's name: _____ Country & date of birth: _____ A #: _____

Beneficiary's name: _____ Country & date of birth: _____ A #: _____

Application type(s): _____ Receipt(s) #: _____ Date: _____

Passport—***Please attach proof of travel/itinerary.***

Expedite fee paid? Yes No

Locator #: _____ Application date: _____ Travel date: _____ Destination: _____

Internal Revenue Service

Company name (if applicable): _____

Your relationship to the business: _____

EIN (if applicable) #: _____ Type of tax (income, employment, etc.): _____

Tax years: From _____ to _____ Tax Form _____

I give Taxpayer Advocate Service permission to contact the constituent directly regarding this inquiry. Initials: _____

Medicare or Worker's Compensation

Medicare Number: _____ OWCP #: _____

Veterans' Affairs and Military

VA Case/C-File #: _____ Branch of service: _____

Rank/Grade: _____ Dates of service: _____ Duty station: _____

Are you working with a patient advocate/service officer? If so, who? _____

Pursuant to 38 USC 7332 and 45 CFR 164.524, I hereby authorize _____
(Facility/Tricare Health Plan)

to release _____
(Specific Patient Information/Records)

to Senator James Lankford and/or his staff for the purpose of _____.

Signature _____ Date _____

RETURN THIS FORM:

By mail or in person:

Senator James Lankford
1015 N. Broadway Ave., Suite 310
Oklahoma City, OK 73102
401 S. Boston Ave., Suite 2150
Tulsa, OK 74103

By fax: (405) 231-5051 (OKC)
(918) 581-6332 (Tulsa)

By email:
Patti_Liles@lankford.senate.gov

Questions?

(405) 231-4941
(918) 581-7651