

Privacy Release Form

Office of Congressman Tim Walz

The Privacy Act of 1974 requires written consent from the constituent before information can be obtained from a government agency's records.

NOTE: Members of Congress are empowered to help constituents interact with agencies and offices of the federal government and other entities. Although Members and their staff cannot force an agency to expedite your case or act in your favor, they can frequently intervene to facilitate the processes involved, encourage an agency to give your case consideration, and sometimes advocate for a favorable outcome.

Full Name (Mr. Mrs. Ms. Dr.) _____

Address _____

City _____ **ZIP Code** _____

Social Security Number _____ **Date of Birth** _____

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

Email Address _____

I prefer to be contacted by: Home Phone Work Phone Cell Phone Email

Federal agencies involved:

- | | | |
|--|---|--|
| <input type="checkbox"/> Active Military | <input type="checkbox"/> Dept. of Labor | <input type="checkbox"/> IRS |
| <input type="checkbox"/> Banking/OCC | <input type="checkbox"/> Dept. of State | <input type="checkbox"/> Medicare |
| <input type="checkbox"/> Dept. of Agriculture | <input type="checkbox"/> Dept. of Transportation | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Dept. of Defense | <input type="checkbox"/> Fannie Mae / Freddie Mac | <input type="checkbox"/> U.S. Postal Service |
| <input type="checkbox"/> Dept. of Education | <input type="checkbox"/> HUD | <input type="checkbox"/> USDA |
| <input type="checkbox"/> Dept. of Justice | <input type="checkbox"/> Immigration | <input type="checkbox"/> VA |
| <input type="checkbox"/> Other (specify) _____ | | |

Please list other Senate or Congressional offices you have contacted about this issue:

Senator(s) _____

Representative(s) _____

List other agencies/person(s) authorized to discuss this matter with Congressman Walz and his staff:

I authorize Congressman Tim Walz and his staff to grant and obtain personal records, files and information about me pertaining to my request for assistance. I understand that I may revoke this authorization at any time.

Signature _____ **Date** _____

Signature of primary constituent receiving assistance - Third party signatures are not accepted

Please complete and Sign this form and return it to Congressman Walz at:

1130 ½ 7th St. NW Ste. 208, Rochester, MN 55901

Fax: 507-206-0650 Ph: 507-206-0643 Email: walz.casework@mail.house.gov

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The following information is required

Please briefly explain your problem. Provide a detailed account. Provide copies of any additional correspondence or documentation that you have initiated or received in this matter.

Please state how you would like Congressman Walz to help you. What is your desired outcome?

For the following sections, please complete only those issues that apply to your case

SOCIAL SECURITY

Type of Issue (✓ all that apply) Disability Claim Existing Benefits Back-pay
 Other _____

Social Security office you are working with: _____

Have you filed a Disability Claim? Yes No **Claim Status:** Denied Appealed

MEDICARE

I am having problems with: Part A Part B Part D

Medicare Number _____

Other (Specify) _____

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MILITARY OR VETERAN

Type of Issue (✓ all that apply) Active/Military pay Military records GI Bill VA Claim
 Other (specify) _____

Status: Active Reserve Retired

Rank _____ **Unit** _____

Duty Station _____

IMMIGRATION

Name of Petitioner _____
Date of Birth _____ Place of Birth _____

Name of Beneficiary _____
Date of Birth _____ Place of Birth _____

Receipt Number _____ **Alien Number A-** _____

Current Immigration Status _____

IMMIGRATION FORM FILED

- | | | |
|--------------------------------|---------------------------------|--------------------------------|
| <input type="checkbox"/> G-639 | <input type="checkbox"/> I-485 | <input type="checkbox"/> I-612 |
| <input type="checkbox"/> I-90 | <input type="checkbox"/> I-526 | <input type="checkbox"/> I-730 |
| <input type="checkbox"/> I-129 | <input type="checkbox"/> I-589 | <input type="checkbox"/> I-751 |
| <input type="checkbox"/> I-130 | <input type="checkbox"/> I-600 | <input type="checkbox"/> I-765 |
| <input type="checkbox"/> I-131 | <input type="checkbox"/> I-600A | <input type="checkbox"/> N-400 |
| <input type="checkbox"/> I-140 | <input type="checkbox"/> I-601 | <input type="checkbox"/> N-600 |
- OTHER (SPECIFY): _____
- NONIMMIGRANT VISA (SPECIFY TYPE): _____

IRS

Personal **Business: Tax ID Number** _____

If this is a business issue, please complete the following:

Business Name _____

Business Address _____

Business Phone _____ **Business Fax** _____

Title _____ **Signature** _____

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