PRIVACY ACT CONSENT FORM

DATE_____

To Whom It May Concern:

In accordance with the provisions of Public Law 93-579 (The Privacy Act of 1974), I hereby give my consent for information concerning my file to be furnished to my Senator, John McCain. I request that any relevant information he may require in order to assist in responding to my inquiry, as his constituent, be provided to him in accordance with the provisions of the law.

FULL NAME: _____

COMPLETE ADDRESS: _____

_____

EMAIL: _____

PHONE (DAY): _____ (NIGHT): _____

OTHER NAMES RELATING TO YOUR CASE: _____

Government Agency Involved: _____

Social Security Number: _____

Date and Place of Birth: _____

*(For OPM) Civil Service Claim Number:_____

*(For IRS) Tax Return Year(s) in Question: _____

*(For VA/MILITARY) Veteran Claim Number: _____

Military Service Number: _____

Branch of Service and Rank: _____

**If applicable for Office of Personnel Management, Internal Revenue Service, or Veterans Affairs/Military cases*

I affirm that by my signature I am attesting to the truth of all the above:

SIGNATURE (required): _____

For office use only. Third party name: _____

OFFICE AIDE INITIALS: (W)_____

MAIL FORM AND WRITTEN STATEMENT REGARDING THE DETAILS OF YOUR SITUATION TO:
Senator John McCain, 2201 East Camelback Road, Suite 115, Phoenix AZ 85016 or Fax to 602-952-8702