

JEFF FLAKE
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FOREIGN RELATIONS

ENERGY AND
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SPECIAL COMMITTEE
ON AGING

United States Senate
WASHINGTON, DC 20510

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2200 EAST CAMELBACK RD
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6840 NORTH ORACLE RD
SUITE 150
TUCSON, AZ 85704
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FAX: (520) 797-3232

PRIVACY ACT CONSENT FORM

TO WHOM IT MAY CONCERN:

DATE _____

In accordance with the provisions of Public Law 93-579 (The Privacy Act of 1974), I hereby give my consent for information concerning me to be furnished to Senator Jeff Flake. 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. This release applies to any federal agency relevant to my inquiry.

NAME _____
(Mr./Mrs./Ms.) First Middle Last
ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE: (home) _____ (work) _____
E-MAIL ADDRESS: _____

To begin your inquiry, we require the following information:

SOCIAL SECURITY NUMBER: _____
CIVIL SERVICE CLAIM NUMBER: _____
VETERAN'S CLAIM NUMBER: _____
BRANCH OF SERVICE: _____ RANK _____
ALIEN REGISTRATION NUMBER: A: _____
DATE AND PLACE OF BIRTH: _____

IF REQUESTING HELP ON BEHALF OF ANOTHER, GIVE THE ABOVE INFORMATION FOR THAT PERSON. HIS/HER NAME: _____

HAVE YOU CONTACTED ANOTHER CONGRESSIONAL OFFICE? _____ YES _____ NO
WHOSE? _____

Briefly explain the problem or information desired. Attach a separate sheet if necessary. Be sure to include necessary information and send documentation, if available.

SIGNATURE _____

Note: Residents of Cochise, Pima and Santa Cruz counties should *fax* the completed form to Senator Flake's Tucson office; residents of all other Arizona counties should *fax* the completed form to the Phoenix office. Both addresses are at the top of this form.