Office of U.S. Senator Roger F. Wicker - PRIVACY RELEASE FORM

Step 1 – Print all information and complete the applicable sections below that pertain to your specific request.
Step 2 – Sign, Date and return the completed form to the appropriate (closest) office via mail or fax, as listed below.

Gulfport - 2909 13th Street, Suite 303, Gulfport, MS 39501 -or- FAX (228) 871-7196
Jackson - 501 East Court Street, Suite 3.500, Jackson, MS 39201 -or- FAX (601) 965-4007
Hernando - Post Office Box 385, Hernando, MS 38632 -or- FAX (662) 429-6002
Tupelo - PO Box 3777, Tupelo, MS 38803 -or- FAX (662) 844-5030

Section 1 – AGENCY. Provide name of the federal agency through which you are requesting assistance.	
Name of Agency:	Claim Number *(only if applicable)*:

Section 2 – CLAIMANT INFORMATION		
First:	Middle:	Last:
Address:		
City:	State:	ZIP Code:
Home Phone:	Mobile Phone:	Work Phone:
FAX Number:	Email:	
Date of Birth:	Social Security Number:	
Employer *(only if applicable)*:	Occupation Title *(only if applicable)*:	

Section 3 – ADDITIONAL PERSON OR CLAIMANT. Use this section only if applicable.		
First:	Middle:	Last:
Date of Birth:	Social Security Number:	

Section 4 – SOCIAL SECURITY. Complete this section only if you have a Social Security Administration matter.	
How long has it been since claimant last worked?	In order to assist, you must have an open claim with Social Security Administration (SAA). Has a claim already been filed? (Check one box): ☐ YES ☐ NO
Date (or approximate) claim filed:	If "YES" above, at what Social Security Office?

Section 5 – VETERAN. Complete this section only if you are a Veteran or if Veteran status pertains to your request.		
Branch of Service:	Years of Service:	Retired from Service? (Check one box): ☐ YES ☐ NO
Do you presently have a claim or appeal filed with VA? (Check one box): ☐ YES ☐ NO	If "YES," how long has it been filed with VA?	

Section 6 – MILITARY. Complete this section only if you are requesting help with a military matter.		
Unit:	Rank:	Active Duty, AGR, Guard, Reserve?

Section 7 – NAME OF ANY OTHER CONGRESSIONAL OFFICE, AGENCY OR GROUP HELPING WITH YOUR ISSUE.

Section 8 – EXPLANATION AND NARRATIVE. Explain exactly what you would like Senator Wicker's office to do on your behalf. If you have specific questions for the agency, please list them. Explain the nature of your request for assistance. Please be specific.

Please submit additional pages or a separate letter to Senator Wicker, if more space is required.

DOCUMENTATION. What supporting documentation (if any) is included with this returned privacy release? Please list the documents below.

RESPONSE. Have you received a response from the agency? Is so, please list or explain. Send a copy of the response if available.

Section 9 – RELEASE AND AUTHORIZATION. If you wish to authorize the release of information regarding your case to a third party (for example, spouse, family member, advocate, organization, etc.), please provide full name(s), address, phone, etc. If you do not wish to authorize anyone, leave this section blank.

Section 10 – SIGNATURE AND DATE. Print, sign and date. At your discretion, others authorized by you can co-sign (for example, your spouse, caretaker, interested family member, etc.).

As required by Public Law 93-579, the Privacy Act, I hereby request and authorize U.S. Senator Roger F. Wicker to intercede on my behalf, including the right to review all appropriate documentation that he or his staff deems necessary in connection with the application for assistance or any other action I have pending with the agency(s) named above. I understand that any documents I provide to U.S. Senator Roger F. Wicker or his staff may be copied and forwarded to officials of the agency(s) listed above for review. I understand that all Federal agencies are allowed a minimum of 30 days to respond to congressional inquiries. I also affirm that the above information is correct.

Your Signature:	Co-Signature *(only if necessary):*
Your Printed Name:	Co-Signer's Printed Name:
Date:	*Date:*