



U.S. Senator Jacky Rosen Privacy Release Form

The Privacy Act of 1974 is a federal law designed to protect you from any unauthorized use and exchange of personal information by federal agencies. Any information that a federal agency has on file regarding your dealings with the United States government ordinarily may not, with a few exceptions, be given to another agency or Member of Congress without your written permission.

To Whom It May Concern:

I hereby request the assistance of the Office of United States Senator Jacky Rosen to resolve the matter described on the next page(s). I authorize Senator Jacky Rosen and her staff to receive any information regarding this assistance. The information I have provided to the Office of United States Senator Jacky Rosen is true and accurate to the best of my knowledge and belief. The assistance I have requested from Senator Rosen's office is in no way an attempt to evade or violate any federal, state, or local law.

Signature (in ink): _____ **Date:** ____/____/____

CONTACT INFORMATION (PLEASE PRINT)

Mr. Mrs. Ms. Mx. Dr.

Full Legal Name: _____

Address: _____

City: _____ **Zip Code:** _____

Date of Birth: ____/____/____ **Cell Phone:** _____

Social Security Number: ____-____-____ **Home Phone:** _____

Email Address: _____ **Work Phone:** _____

If applicable: I authorize Senator Rosen's office to communicate information about my case with the following family members, friends, or other individuals: _____

I prefer to be contacted by:

Home Phone Cell Phone Work Phone Email

Have you contacted other Congressional or Senate offices about this issue? Yes No

If yes, who have you contacted?

U.S. Senator Cortez Masto Congresswoman Dina Titus Congresswoman Susie Lee
 Congressman Mark Amodei Congressman Steven Horsford

BRIEF DESCRIPTION OF THE PROBLEM:

Please select the appropriate federal agency:

- | | | |
|---|---|--|
| <input type="checkbox"/> Social Security | <input type="checkbox"/> Medicare | <input type="checkbox"/> IRS |
| <input type="checkbox"/> Home/ Mortgage Loan | <input type="checkbox"/> Pubic Housing | <input type="checkbox"/> Dept. of Education |
| <input type="checkbox"/> Dept. of Homeland Security | <input type="checkbox"/> Dept. of State | <input type="checkbox"/> Dept. of Transportation |
| <input type="checkbox"/> Small Business Administration | <input type="checkbox"/> US Postal Service | <input type="checkbox"/> Veteran's Affairs |
| <input type="checkbox"/> Office of Personnel Management | <input type="checkbox"/> Personnel Records Center | <input type="checkbox"/> Other: _____ |

If applicable, please provide the following information:

Case Number: _____ **Claim Number:** _____
Receipt Number: _____ **Passport Number:** _____
Loan Account #: _____ **Housing Lender Name:** _____

Additional paperwork or documentation attached: Number of pages _____

Although our office cannot guarantee a particular outcome, we will do our best to help you receive a fair and timely response regarding your problem. Additionally, my office is unable to offer legal advice or recommend a particular attorney.

PLEASE PRINT, SIGN AND RETURN THIS FORM TO:

Las Vegas
333 Las Vegas Blvd. South, Suite 8203
Las Vegas, Nevada 89101
P: 702-388-0205
F: 702-388-0321
SNV.CS@rosen.senate.gov

Reno
400 South Virginia Street, Suite 738
Reno, Nevada 89501
P: 775-337-0110
F: 775-337-0260
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