



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:

- | | | |
|---|---|--|
| ☐ Social Security | ☐ Medicare | ☐ IRS |
| ☐ Home/ Mortgage Loan | ☐ Public Housing | ☐ Dept. of Education |
| ☐ Dept. of Homeland Security | ☐ Dept. of State | ☐ Dept. of Transportation |
| ☐ Small Business Administration | ☐ US Postal Service | ☐ Veteran's Affairs |
| ☐ Office of Personnel Management | ☐ Personnel Records Center | ☐ 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: 202-228-2937
SNV.CS@rosen.senate.gov

Reno

400 South Virginia Street, Suite 738
Reno, Nevada 89501
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