

United States Senate

WASHINGTON, DC 20510

Office of US Senator Tim Sheehy
Privacy Release Form
Authorization in accordance with the 1974 Privacy Act

NAME: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Date of Birth: ____ - ____ - ____ SSN (or VA, last four): _____ - _____ - _____

Check Agency Involved:

- Social Security
- Veterans Administration: Claims Number: _____
Rank and Branch of Service: _____
- Immigration: Alien Number: _____
Receipt Number: _____
- IRS: Tax Year(s): _____
- Healthcare: Insurance Provider and ID Number: _____

- Other (please specify): _____

Summary of the Issue: _____

Note: The Privacy Act requires the completion of this form for Senator Sheehy or his representative to receive information on behalf of constituents. I hereby authorize Senator Sheehy or his representative to receive information on my behalf and/or to discuss my records with the Agency involved or with any third party designated on this document.

Signature: _____ Date: _____

Third Party Designees:

Name: _____ Relationship: _____

Phone and/or Email: _____

Name: _____ Relationship: _____

Phone and/or Email: _____

Please return this form to:

US Senator Tim Sheehy
125 W Granite St, Ste 200
Butte, MT 59701

Email the form to: Kelly_Cotton@Sheehy.Senate.gov
