

# JAMES LANKFORD



UNITED STATES SENATOR FOR OKLAHOMA

1015 N. Broadway Ave., Suite 310 • Oklahoma City, OK 73102 • Phone: (405) 231-4941 • Fax: (405) 231-5051  
224 S. Boulder, Suite 210 • Tulsa, OK 74103 • Phone: (918) 581-7651 • Fax: (918) 581-6332

## PRIVACY RELEASE and CONSTITUENT INFORMATION FORM

Pursuant to Public Law 93-579, the Privacy Act, I hereby authorize Senator James Lankford and/or his staff to request and receive information from the appropriate federal agency or department in reference to my inquiry. This authorization includes written correspondence, telephonic, or any other means of communication. The federal agency or department is authorized to furnish copies of any documents, correspondence, or information relative to my inquiry until the matter is resolved.

Name: \_\_\_\_\_  
FIRST MIDDLE LAST

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

Date of birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

Fax \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

### CASE INFORMATION

***Briefly explain the problem and attach copies of any relevant documentation.*** (Use additional paper if more space is needed.)

Has another Congressional or Senate office been contacted regarding this issue? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the office: \_\_\_\_\_

I hereby declare under penalty of perjury that I am currently a resident of the State of Oklahoma and that the information contained in this release is truthful and complete to the best of my knowledge. \*If you are signing on behalf of another, please provide a copy of your authority to do so (Power of Attorney, etc.).

**HANDWRITTEN** signature or mark: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

**PERMISSION:** You have my permission to discuss my case with the following person(s): \_\_\_\_\_

***Please proceed to page 2 of this document.***

## ADDITIONAL INFORMATION

Please complete **ONLY** the sections that apply to your inquiry. If you do not know the requested information, leave the space blank.

### **Social Security**

Current level of claim:    New claim    Reconsideration    Hearing    Appeals Council    Federal Court

**Immigration**—Please attach the latest receipt of notification from USCIS or DoS.

Beneficiary's full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Street address: \_\_\_\_\_ City, State, ZIP code: \_\_\_\_\_

Application type: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Date: \_\_\_\_\_ A #: \_\_\_\_\_

**Passport**—Expedite fee paid?    Yes    No

Locator #: \_\_\_\_\_ Application date: \_\_\_\_\_ Travel date: \_\_\_\_\_ Destination: \_\_\_\_\_

### **Internal Revenue Service**

Company name (if applicable): \_\_\_\_\_

Your relationship to the business: \_\_\_\_\_

EIN (if applicable) #: \_\_\_\_\_ Type of tax (income, employment, etc.): \_\_\_\_\_

Tax years: From \_\_\_\_\_ to \_\_\_\_\_ Tax Form \_\_\_\_\_

I give Taxpayer Advocate Service permission to contact the constituent directly regarding this inquiry. Initials: \_\_\_\_\_

### **Medicare or Worker's Compensation**

Medicare Number: \_\_\_\_\_ OWCP #: \_\_\_\_\_

### **Veterans' Affairs and Military**

VA Case/C-File #: \_\_\_\_\_ Branch of service: \_\_\_\_\_

Rank/Grade: \_\_\_\_\_ Dates of service: \_\_\_\_\_ Duty station: \_\_\_\_\_

Are you working with a patient advocate/service officer? If so, who? \_\_\_\_\_

Pursuant to 38 USC 7332 and 45 CFR 164.524, I hereby authorize \_\_\_\_\_

to release \_\_\_\_\_  
(Facility/Tricare Health Plan)

(Specific Patient Information/Records)

to Senator James Lankford and/or his staff for the purpose of \_\_\_\_\_.

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### **RETURN THIS FORM:**

##### ***By mail or in person:***

Senator James Lankford  
1015 N. Broadway Ave., Suite 310  
Oklahoma City, OK 73102  
  
224 S. Boulder, Suite 210  
Tulsa, OK 74103

***By fax:*** (405) 231-5051 (OKC)  
(918) 581-6332 (Tulsa)

##### ***By email:***

Heather\_Olive@lankford.senate.gov  
Gail\_Dawe@lankford.senate.gov

##### ***Questions?***

(405) 231-4941  
(918) 581-7651