



Office of Senator Josh Hawley

Privacy Act Waiver

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Kansas City, MO 64111

Phone: (816) 960-4694

Fax: (202) 228-0526

Thank you for contacting me for help. We respect your right to privacy and will not contact any agency about your case without your express written consent.

Name: _____	Please provide the applicant's:
Address: _____	SOC. SEC.#: _____ - _____ - _____
City/State/Zip: _____	Date of Birth: ____/____/____
Phone: _____	Agency Involved: _____
Work/Cell: _____	Agency Case Number: _____
Email: _____	

Veterans and Military Issues	
Branch of Service: _____	Rank and Unit: _____
Social Security Issues	
Type of Claim Filed: _____	Initial Claim Date Filed: _____
Reconsideration/ALJ Hearing: _____	Date Filed: _____ Status: _____
Immigration Issues	
Receipt Number: _____	Place of Birth: _____
A Number: _____	Application Type: _____

What concerns are you having with a federal agency, what specific action are you seeking?

Have you contacted any other elected official to assist you with this problem?

_____ (Name of Official)

Do you currently have an attorney working your case:

_____ (Yes or No)

I hereby authorize Senator Josh Hawley or his staff, under the "Right to Privacy Act," to request and copy any information regarding this matter from identified agencies. I hereby release you from any liability that may arise by furnishing the requested information. I certify, under penalty of perjury, that 1) I provided or authorized all of the information in this privacy release and any document submitted with it; 2) I reviewed and understand all of the information contained in my privacy release and submitted with it; and 3) all of this information is complete, true and correct.

Signature: _____ **Date:** _____

Additional Signature (if required): _____

I would like to be added to Senator Josh Hawley's electronic newsletter list

Yes No **Email:** _____