Office of Senator Josh Hawley

Privacy Act Waiver

400 E. 9th Street, Suite 9350
Kansas City, MO 64106
Phone: (816) 960-4694
Fax: (816) 472-6812

Thank you for contacting my office for help. My staff and I respect your right to privacy and will not contact any agency about your case without your express written consent. Please fill out the form below and mail it to my constituent service office at the address listed above.

Applicant Information

Full Name   Date of Birth
                                                                   /   /

Street Address   City   State   Zip

Phone Number   Email   Social Security Number

Agency Involved   Agency Case Number

Veterans and Military Issues

Branch of Service   Rank and Unit

Immigration Issues

Receipt Number   Alien Number

Country of Origin

Application Type

Social Security Issues

Type of Claim Filed

Initial Claim Date Filed   Status of Claim
      /   /

Reconsideration/ALJ Hearing

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

Other elected officials you have contacted to assist?

Do you current have an attorney working on your case?   Yes   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**

Signature of Authorized Representative *(if required)*   **Date**