

JEFF FLAKE
ARIZONA

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COMMITTEES:
JUDICIARY

FOREIGN RELATIONS

ENERGY AND
NATURAL RESOURCES

SPECIAL COMMITTEE
ON AGING

United States Senate
WASHINGTON, DC 20510

STATE OFFICES:
2200 EAST CAMELBACK RD
SUITE 120
PHOENIX, AZ 85016
(602) 840-1891
FAX: (602) 840-4092

6840 NORTH ORACLE RD
SUITE 150
TUCSON, AZ 85704
(520) 575-8633
FAX: (520) 797-3232

PRIVACY ACT CONSENT FORM

TO WHOM IT MAY CONCERN:

DATE _____

In accordance with the provisions of Public Law 93-579 (The Privacy Act of 1974), I hereby give my consent for information concerning me to be furnished to Senator Jeff Flake. I request that any relevant information he may require in order to assist in responding to my inquiry, as his constituent, be provided to him in accordance with the provisions of the law.

NAME _____

(Mr./Mrs./Ms.) First Middle Last

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: (home) _____ (work) _____

To begin your inquiry, we require the following information:

FEDERAL AGENCY INVOLVED: _____

SOCIAL SECURITY NUMBER: _____

CIVIL SERVICE CLAIM NUMBER: _____

VETERAN'S CLAIM NUMBER: _____

BRANCH OF SERVICE: _____ RANK _____

ALIEN REGISTRATION NUMBER: A: _____

DATE AND PLACE OF BIRTH: _____

IF REQUESTING HELP ON BEHALF OF ANOTHER, GIVE THE ABOVE INFORMATION FOR THAT PERSON. HIS/HER NAME: _____

HAVE YOU CONTACTED ANOTHER CONGRESSIONAL OFFICE? _____ YES _____ NO
WHOSE? _____

Briefly explain the problem or information desired. Attach a separate sheet if necessary. Be sure to include necessary information and send documentation, if available.

SIGNATURE _____

Note: Residents of Cochise, Pima and Santa Cruz counties should *fax* the completed form to Senator Flake's Tucson office; residents of all other Arizona counties should *fax* the completed form to the Phoenix office. Both addresses are at the top of this form.