



United States Senator Barbara Boxer

PRIVACY ACT CONSENT FORM

The provisions of **Public Law 93-579** (Privacy Act of 1974) prohibit the disclosure of information of a personal nature from the files of an individual without their consent.

Accordingly, I authorize the staff of Senator Barbara Boxer to access any and all of my records that relate to the problem stated below.

Signature: _____

Date: _____

To begin processing your case, please complete all of the following information:

Circle One: Mr. Mrs. Miss Ms.

First Name: _____

Last Name: _____

Date of Birth: _____

Social Security Number: _____

Address: _____

City: _____

State: _____ ZIP: _____

Email: _____

Phone Number: _____

Federal agency with which you need help: _____

Briefly explain the problem or the information desired* (attach additional pages if necessary):

*Please include copies of any relevant documentation related to your request as attachments to this form.

Also include the following information if appropriate.

IMMIGRATION:

Alien Registration#: _____

Priority Date: _____

Form #: _____

Date filed: _____

USCIS Receipt#: _____

Embassy Case #: _____

OTHER:

EEO Charge #: _____

EEOC Charge #: _____

Student Lender Name: _____

OPM CSA #: _____

MILITARY:

Branch of Service: _____

Rank: _____

VA File Number: _____

VA Office or Medical Center: _____

Please list any other Congressional offices that you have contacted about this issue:

Print and mail your completed form to Senator Barbara Boxer's Oakland office at:

Attention: Casework Department
United States Senator Barbara Boxer
70 Washington Street, Suite 203
Oakland, California 94607
Fax: 202.228.6866

(Despite containing a Washington D.C. area code, faxes sent to the above fax line will be received in Oakland)