



U.S. SENATOR CHRIS COONS *of* DELAWARE

WWW.COONS.SENATE.GOV

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 Chris Coons to make inquiries and to access any and all of my records or files as necessary to assist me in the matter I have stated below:

Signature

Date

INFORMATION ABOUT YOU AND YOUR CASE:

First Name

M.I.

Last Name

Date of Birth

Street Address

City

State

Zip

Email Address

Daytime Phone Number

Evening Phone Number

Do you currently have a case pending before a local, state or federal court pertaining to this matter? (Circle One) **YES** or **NO**

Federal Agency Involved

Your Social Security Number

Your Alien Registration Number (if applicable)

U.S. CIS Application Form Number

Rank and Military Branch of Service

Are you currently working with the offices of Senator Carper or Congressman Carney on this matter? (Circle One) **YES** or **NO**

If yes, please specify: _____

In the event of an emergency, do you authorize our office to discuss your case with a friend or relative? (Circle One) **YES** or **NO**

If yes, please specify: _____

Send this form, along with a detailed letter and all supporting documentation to:

(If resident of New Castle County)
Office of U.S. Senator Chris Coons
Attn: Constituent Affairs
1105 N. Market Street, Suite 100
Wilmington, DE 19801-1233
fax: 302-573-6351

or

(If resident of Kent County or Sussex County)
Office of U.S. Senator Chris Coons
Attn: Constituent Affairs
500 West Lookerman Street, Suite 450
Dover, DE 19904
fax 302-736-5609