

Attn:

People ID#

(for office use only)

Senator Laphonza Butler

Privacy Release Form

Complete, sign, and return to:

casework@butler.senate.gov or

SENATOR LAPHONZA BUTLER

ONE POST STREET, SUITE 2450

SAN FRANCISCO, CA 94104

Date: _____

Name: _____

Address: _____ **Zip:** _____

Phone Number: _____

Email Address: _____

Federal Agency Involved: _____

Social Security #: _____

Agency File #: _____

Medicare Beneficiary Identifier (if applicable): _____

Date of Birth: _____

Have you contacted our office before? _____

Have you contacted another congressional office regarding this matter?

Yes _____ **No** _____

If "yes" to the above, which office & when?* _____

*If another congressional office is currently working on your case, it is best to continue working with that office. Duplicate inquiries from multiple congressional offices will not result in a more favorable response from the agency, and may slow down the agency's response times.

Is this matter currently pending before a local, state, or federal court? _____

Problem:

Please briefly explain your problem and outline the steps that have been taken by you and the agency with regards to your situation. In addition, please make your request for assistance as specific as possible. Should you require more room, feel free to attach a letter addressed directly to the Senator.

I hereby authorize U.S. Senator Laphonza Butler and her staff to make inquiries and obtain information related to my case currently pending with the above mentioned federal agency.

SIGNATURE: _____

(sign in ink)