



Office of Senator Kyrsten Sinema

Privacy Act Waiver

2200 E. Camelback Rd. Suite 120

Phoenix, AZ 85016

Phone: (602) 598-7327

Fax: (602) 956-1638

Thank you for contacting me for help! We respect your right to privacy and will not contact any agency about your case without your express written consent.

NAME: _____	Please provide the applicant's:
ADDRESS: _____	SOC. SEC.#: _____ - _____ - _____
City/State/Zip: _____	DATE OF BIRTH: ____/____/____
PHONE: _____	AGENCY INVOLVED: _____
Work/Cell: _____	AGENCY CASE NUMBER: _____
EMAIL: _____	

Veterans and Military Issues	
Branch of Service: _____	Rank and Unit: _____
Social Security Issues	
Type of Claim Filed: _____	Initial Claim Date Filed: _____
Reconsideration/ALJ Hearing: _____	Date Filed: _____ Status: _____
Immigration Issues	
Receipt Number: _____	Place of Birth: _____
A Number: _____	Application Type: _____

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

Have you contacted any other elected official to assist you with this problem? _____ (Name of Official)	Do you currently have an attorney working your case: _____ (Yes or No)
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I hereby authorize Senator Kyrsten Sinema or her 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:** _____

Additional Signature (if required): _____

☐ I authorize that a statement, interview, photograph, illustration, video, movie, and/or audio recording may be taken of me by Senator Sinema (and/or her staff) or by members of the news media regarding my case with Senator Sinema's office for the purposes of responding to a media inquiry, or for promoting Senator Sinema's constituent services.

I would like to be added to Senator Kyrsten Sinema's electronic newsletter list

☐ **Yes** ☐ **No** **Email:** _____