



Office of Senator Kyrsten Sinema

Privacy Act Waiver

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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.

Form with fields for NAME, ADDRESS, City/State/Zip, PHONE, EMAIL, SOC. SEC.#, DATE OF BIRTH, AGENCY INVOLVED, and AGENCY CASE NUMBER.

Form with sections for IRS Issues, Social Security/Medicare Issues, and Immigration Issues, each with specific sub-fields.

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

Three horizontal lines for providing a response to the concerns question.

Form with two questions: 'Have you contacted any other elected official...' and 'Do you currently have an attorney working your case...'.

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: _____