



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.	Date of Birth: _____
First Name: _____	Last Name: _____
Address: _____	City: _____
State: _____ Zip: _____	E-mail: _____
Daytime Phone: _____	Evening Phone: _____

Please provide all information related to your case (attach more pages if necessary) :

Federal agency you need help with: _____

Social Security Number: _____

Alien Registration Number: _____

U.S. CIS Application Form Number: _____

Rank and Military Branch of Service: _____

Other (please be specific): _____

Briefly explain the problem you are having with a federal agency or the information desired*:

* Please forward relevant documents recieved by the federal agency with which you seek assistance.

Have you already contacted another congressional office about this issue? If yes, which office?

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

Attention: Casework
 United States Senator Barbara Boxer
 1700 Montgomery Street, Suite 240
 San Francisco, CA 94111