Attn:_____ **People ID#:**_____
(for office use only)
Senator Dianne Feinstein
Privacy Release Form
Complete, sign, and return to:

SENATOR DIANNE FEINSTEIN
ONE POST STREET, SUITE 2450
SAN FRANCISCO, CA 94104

Date:
Name:_____
Address:_____ **Zip:**_____
Home Phone:_____
Work Phone:_____
Federal Agency Involved:_____
Social Security # or Agency File #:_____
Have you contacted our office before?_____
Have you contacted another congressional office regarding this matter?_____
If "yes" to the above, which office & when?_____
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.

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

SIGNATURE:_____