



Congressman Jim Bridenstine
1st District of Oklahoma

Privacy Release and Constituent Information Form

In keeping with the restrictions of the Privacy Act of 1974, I hereby authorize Congressman Jim Bridenstine and/or his representative to request information from any Federal agency or department in attempting to answer my inquiry. I understand this authorization may include correspondence in written, telephonic, voicemail, facsimile, e-mail or other forms –including medical records or other documents or matters relative to my case – to Congressman Jim Bridenstine and/or his representative.

STEP
1

Please complete the following personal information for the subject of the inquiry.

Name _____
First Middle Last

Address _____
Street Address

City State Zip Code

Telephone Home _____ Work _____

Fax _____ Cell _____

E-mail _____

Date of Birth _____ Social Security Number _____

STEP
2

Briefly explain the problem and attached copies of any relevant documentation.

Use additional paper if more space is needed.

Have you contacted any other Congressional or Senate offices about this issue? _____ If yes, whom? _____

STEP
3

Sign and Date- Then go to the next page.

If you are signing on behalf of another, please provide a copy of your authority to do so (example: Power of Attorney).

I hereby declare that I am currently a resident of the First Congressional District and the information contained in this release is truthful and complete to the best of my knowledge.

Print your name

Signature or Mark

Date

You have my permission
to discuss my case with the
following person (s):



Congressman Jim Bridenstine
1st District of Oklahoma
Privacy Release and Constituent Information Form

STEP
4

Complete ***only*** the sections that apply to your inquiry.
If you do not know the requested information, you may leave it blank.

Social Security

Current level of claim:

- New Claim Reconsideration Hearing Appeals Council Federal Court

Immigration

Beneficiary Information (If more room is needed, please attach additional pages)

Name _____
First
Middle
Last

Address _____
Street Address
City
State
Zip Code

A Number _____

Receipt Number _____ Date of Application _____

Internal Revenue Service

Company Name _____ EIN # _____
(If applicable)
Employee Identification Number (If applicable)

Your Relationship to the Business _____

Type of Tax (income, employment, etc.) _____

Tax Years: From _____ To _____ Tax Form _____

Office Use

I give TPA permission to contact the constituent directly regarding this inquiry _____
Initials

Medicare or Workers Compensation

Medicare Number _____ OWCP Number _____

Veterans Affairs and Military

VA Case/C-File # _____ Branch of Service _____

Rank/Grade _____ Dates of Service _____ Duty Station _____

Passport

Date of Application _____ Date of Travel _____ Application # _____

Destination _____ Did you pay to expedite the application? _____

STEP
5

Return

By Mail or In Person: Congressman Jim Bridenstine
2448 E. 81st St, Suite 5150
Tulsa, OK 74137

By Fax: (918) 935-2716
By E-mail: Erik.Zoellner@mail.house.gov

Questions?
(918) 935-3222