



U.S. Senator Ted Cruz

United States Senator • Texas

Standard Information and Privacy Act Form

The Privacy Act requires your written consent before a government agency will release information to our office regarding your records. To better serve you, please complete this form and return it as indicated below. Please be aware that the person(s) requesting assistance must sign this form.

I hereby authorize the office of Senator Ted Cruz to request on my behalf, pertinent to the Freedom of Information and Privacy Act of 1974, access to information concerning me and to forward copies of my correspondence involving the following federal agency(ies):

TITLE : Mr. Mrs. Miss Ms. Other: _____

NAME: _____

EMAIL ADDRESS: _____

HOME PHONE #: _____

WORK PHONE #: _____

CELL PHONE #: _____

MAILING ADDRESS: _____

HOME OF RECORD (service members only): _____

DATE OF BIRTH: _____ / _____ / _____ (mm/dd/yy)

SOC SEC #: _____ - _____ - _____

VA CLAIM # (if applicable): _____

MILITARY SERVICE #: _____

MEDICARE PROVIDER PTAN, NPI, TAX ID: _____

CSA/CSF #: _____

OTHER ID #: _____ (If IRS, please indicate tax year(s) and form #)

Have you requested assistance from any other elected official? YES NO

If yes, which one? _____

Did you receive a final response? YES NO

I certify that all the information contained in my privacy release and information submitted with it is complete, true, and correct.

(Signature)

(Date)

Note: Because of security measures, mail is now irradiated, which can damage sensitive items such as cassette tapes, videos, CD's and DVD's. Fax, e-mail and web form are the quickest ways to forward your information.

Please write a brief letter outlining the nature of your problem and be as specific as possible. Also, please attach any relevant correspondence that you have initiated or received concerning your problem. You may submit your completed form and any pertinent attachments to:

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