



Congressman Tom Cole 4th District of Oklahoma

Privacy Release and Constituent Information Form

Please Return to:
Congressman Tom Cole
2424 Springer Dr.; Suite 201
Norman, OK 73069
405-329-6500
Fax: 405-321-7369

In keeping with the restrictions of the Privacy Act, I hereby authorize Congressman Tom Cole and/or his representative to request information from any federal agency or department in attempting to answer my inquiry. I understand that this authorization may include written, telephonic, facsimile, electronic, or other means of communication. I further authorize the federal agency or department to furnish and release any and all information, copies, or correspondence -including medical records- to Congressman Tom Cole and/or his representative.

STEP 1

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 attach copies of any relevant documentation.

Use additional paper if more space is needed

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).

Print your name

Signature or Mark (If mark, provide two witnesses below)

Date

Witness

Witness

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

Please do not list any Federal agencies in this section

STEP 4**Complete any of the additional sections that may apply to your inquiry.**

Please complete any sections that pertain 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**

Beneficiaries Information:

Name _____

First Middle Last

Address _____

Street Address City State Zip Code

A Number _____ Date of Birth _____

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 Only	I give TPA permission to contact the constituent directly regarding this inquiry _____
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◇ **Workers Compensation**

OWCP Number _____

◇ **Medicare**

Medicare Number _____

◇ **Veterans Affairs and Military**

C-File # _____ Branch of Service _____ Rank/Grade _____
(If applicable)

Dates of Service _____ Duty Station _____

*If the inquiry regards a records request for a deceased member of service, please attach a copy of the death certificate or newspaper obituary. All TRICARE inquiries require the completion of a separate medical release form. Contact our Ada office to obtain this additional document.

◇ **Passport**

Date of Application _____ Date of Travel _____ Application # _____

Destination _____ Did you pay to expedite the application? Yes No

STEP 5**Return****By Mail:**

Congressman Tom Cole
 2424 Springer Drive
 Suite 201
 Norman, OK 73069

By Fax: (405) 321-7369

Questions?

Online:
www.cole.house.gov

Norman Office: 405-329-6500