



UNITED STATES SENATE

Senator Bernie Moreno



CONSENT FOR RELEASE OF INFORMATION

Please complete the following information (Please print):

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: Home: _____ Cell: _____ Work: _____
Email: _____ Fax: _____
Social Security Number: _____ - _____ - _____ Date of Birth (mm/dd/yyyy): _____
Medicare Beneficiary Number (MBI): _____ Claim Number: _____

Complete the following fields only if applicable to your case.

MILITARY or VETERANS ISSUES

Veteran's Claim Number: _____
Branch of Service: _____ Rank/Unit: _____

SOCIAL SECURITY ISSUES

Type of Claim Filed: _____

Initial Claim	Date Filed: _____	<input type="checkbox"/> Pending	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Reconsideration	Date Filed: _____	<input type="checkbox"/> Pending	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
ALJ Hearing	Date Filed: _____	<input type="checkbox"/> Pending	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Appeals Council	Date Filed: _____	<input type="checkbox"/> Pending	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied

Briefly explain your problem and/or request for assistance (Include additional pages if needed or copies of any documentation that may help expedite your inquiry. Please do not send original documents):

I am aware that provisions of the Privacy Act of 1974 (Public Law 93-579) requires written consent from the individual/constituent before Senator Moreno can obtain information from government agencies on your behalf and prohibits the release of information in my file without my approval. I hereby authorize the above-mentioned agency (agencies) to provide information regarding my case or claim to the Office of United States Senator Bernie Moreno. I certify, under penalty or perjury, that 1) I provided or authorized all of the information in this privacy release and any document submitted with it; 2) I reviewed and understand all of the information contained in my privacy release and submitted with it; and 3) all of this information is complete, true, and correct to be fully compliant with 6 CFR 5.21(d).

Signature: _____ Date: _____

Please Return Completed Form and Relevant Documents To:

Office of Senator Bernie Moreno
Attn: Constituent Services
Bricker Federal Building
200 North High Street, Room 618
Columbus, OH 43215
Phone: (614) 469-2083