



Office of Congresswoman Kyrsten Sinema

Privacy Act Waiver

2944 North 44th Street, Suite 150

Phoenix, AZ 85018

Phone: (602) 956-2285

Fax: (602) 956-2468

Thank you for contacting me for help! We respect your right to privacy and will not contact any agency about your case without your express written consent.

NAME: _____	Please provide the applicant's:
ADDRESS: _____	SOC. SEC.#: _____ - _____ - _____
City/State/Zip: _____	DATE OF BIRTH: ____/____/____
PHONE: _____	AGENCY INVOLVED: _____
Work/Cell: _____	AGENCY CASE NUMBER: _____
EMAIL: _____	

Veterans and Military Issues	
Branch of Service: _____	Rank and Unit: _____
Social Security Issues	
Type of Claim Filed: _____	Initial Claim Date Filed: _____
Reconsideration/ALJ Hearing: _____	Date Filed: _____ Status: _____

What concerns are you having with a federal agency?

What specific action are you seeking from our office?

Have you contacted any other elected official to assist you with this problem? _____ (Name of Official)	Do you currently have an attorney working your case: _____ (Yes or No)
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I hereby authorize Congresswoman Kyrsten Sinema or her staff, under the "Right to Privacy Act," to request and copy any information regarding this matter from identified agencies. I hereby release you from any liability that may arise by furnishing the requested information.

Signature: _____ **Date:** _____

Additional Signature (if required): _____

☐ I authorize that a statement, interview, photograph, illustration, video, movie, and/or audio recording may be taken of me by Congresswoman Sinema (and/or her staff) or by members of the news media regarding my case with Congresswoman Sinema's office for the purposes of responding to a media inquiry, or for promoting Congresswoman Sinema's constituent services.

I would like to be added to Congresswoman Kyrsten Sinema's electronic newsletter list

☐ Yes ☐ No **Email:** _____