



Rep. Kevin Hern

Oklahoma's First Congressional District

Privacy Release and Constituent Information Form

In keeping with the restrictions of the Privacy Act of 1974, I hereby authorize Congressman Kevin Hern 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 Kevin Hern and/or his representative. I also authorize any Federal Agency or Department to furnish copies of any documents, correspondence, or information relative to my inquiry to Congressman Kevin Hern and/or his representative.

STEP
1

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

First Name _____ Middle _____ Last _____

Street Address _____ City _____ State _____

Zip Code _____ Home Phone _____ Cell Phone _____

Fax Number _____ Email _____

Date of Birth _____ Social Security Number _____

STEP
2

Briefly explain the problem and attach copies of any relevant documentation. *Required (Please print legibly)

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 I certify, under penalty of 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.

Print Name _____

Signature _____ Date _____

You have my permission to discuss my case with the following person: _____

**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)

First Name _____ Middle _____ Last _____

Street Address _____ City _____ State _____ Zip Code _____

A Number _____ Receipt Number _____ Date of Application _____

Petitioner Place of Birth _____ Beneficiary Place of Birth _____

Internal Revenue Service _____

Company Name (if applicable) _____ EIN # _____

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 _____

Medicare or Workers Compensation _____

Medicare Number _____ OWCP Number _____

Veterans Affairs and Military _____

By completing this form, I authorize Congressman Hern or his staff to review medical information listed under 38 U.S.C. 7332.

VA Case/C-File # _____ Branch of Service (Incl. National Guard) _____

Rank/Grade _____ Dates of Service _____ Duty Station _____

Passports _____

Date of Application _____ Date of Travel _____ Application Number _____

Destination _____ Did you pay to expedite the application? _____

**STEP
5**

Return _____

By Mail or In Person

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By Fax or Email

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Questions?

918-935-3222