

**PRIVACY ACT RELEASE FORM**

**Social Security Casework**

Federal agencies are prohibited from releasing information concerning an individual to a third party under the Privacy Act of 1974. Please complete and sign this form, which will allow information regarding your concern to be released to the office of Senator Barbara A. Mikulski.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone (    ) \_\_\_\_\_ Work phone (    ) \_\_\_\_\_

Claimant's Social Security Number: \_\_\_\_\_

Claimant's Date of Birth: \_\_\_\_\_

Please check the type of Social Security benefits applied for:

<input type="checkbox"/> Supplemental Security Income (SSI)	<input type="checkbox"/> Retirement Benefits
<input type="checkbox"/> Social Security Disability	<input type="checkbox"/> Survivor's Benefits
<input type="checkbox"/> Disabled Widow/Widower's Benefits	<input type="checkbox"/> Medicare Enrollment

If your claim has been denied, have you filed an appeal?

If yes, what date did you file the appeal? \_\_\_\_\_

Where is your appeal pending? Please check one.

<input type="checkbox"/> Reconsideration	<input type="checkbox"/> Administrative Law Judge
<input type="checkbox"/> Appeals Council	<input type="checkbox"/> Federal District Court

Have you contacted another federal official about this matter? \_\_\_\_\_

If so, who? \_\_\_\_\_

Additional Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Mail or Fax to:      Senator Barbara A. Mikulski  
6404 Ivy Lane, Suite 406  
Greenbelt, MD 20770  
Phone: 301-345-5517  
Fax: 301-345-7573