



Office of Senator Kevin Cramer
PRIVACY CONSENT FORM

Name: _____
(First name) (Middle name/initial) (Last) (Suffix)

Address: _____ City: _____ State: _____

Zip code: _____ Phone: _____ Email address: _____

Date of Birth: _____ Social Security Number: _____

Name of Federal Agency Involved: _____

If you want information regarding your case released to a third party (i.e. spouse, parent, or attorney), please list their names and relation to you: _____

If you have contacted another congressional office to assist you, please list that office:

***COMPLETE THE INFORMATION THAT APPLIES TO YOUR CASE.**

Claim, receipt, or file number: _____ Alien number: _____

Type of application/claim filed: _____ Office where claim is located: _____

Briefly state your problem and the outcome you are seeking. You may write on the back of this sheet or attach more materials to this release as needed. *Please remember that a congressional inquiry does not guarantee your desired outcome.

Signature: _____ Date: _____

Please return the completed form and copies of any additional related materials by U.S. mail to:

Senator Kevin Cramer
328 Federal Building
220 East Rosser Avenue
Bismarck, ND 58501