

The Privacy Act of 1974 requires that Members of Congress or their staff have written consent before they can access information from any Federal Agency about an individual's case. For assistance from Senator Booker's office, please complete and return this form.

**1** **Federal Agency with which you need help:** \_\_\_\_\_  
 Please briefly describe the issue or problem you are experiencing and include any relevant case identifying numbers or information. Attach relevant documents or additional pages to this form, if needed.

**2** **PERSONAL INFORMATION:**

Choose one:    Mr.    Mrs.    Ms.    Mx.                      Address: \_\_\_\_\_

First Name: \_\_\_\_\_    \_\_\_\_\_

Last Name: \_\_\_\_\_    City: \_\_\_\_\_

Date of Birth: \_\_\_\_\_    State: \_\_\_\_\_                      Zip Code: \_\_\_\_\_

Country of Birth: \_\_\_\_\_    Email: \_\_\_\_\_

Social Security #: \_\_\_\_\_    Phone: \_\_\_\_\_

**State Department – US Passports:**    Military Branch of Service: \_\_\_\_\_

Passport #: \_\_\_\_\_    Rank: \_\_\_\_\_

Have you applied for a Passport?                      Yes                      No                      VA File #: \_\_\_\_\_

Locator #: \_\_\_\_\_    VA Office or Med Center: \_\_\_\_\_

Date of Travel: \_\_\_\_\_    Sign me up for the Office's newsletter?                      Yes                      No

**3** **SIGNATURE:** I authorize Senator Booker and his staff to access my complete records relating to the issue detailed herein.

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

If concerning a minor, signatory's name & relation to minor: \_\_\_\_\_

**4** **RETURN THIS FORM TO SENATOR BOOKER'S OFFICE:**

<p><b>Mail:</b>                  Attn: Casework Dept.                  US Senator Cory Booker                  1 Gateway Ctr., Suite 2300                  Newark, NJ 07102</p>	<p><b>Email:</b>  <a href="mailto:casework@booker.senate.gov">casework@booker.senate.gov</a></p>	<p><b>Fax:</b>                  (202) 224-5702</p>
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\*\*Preferred Method\*\*