



U.S. Senator Ted Cruz
United States Senator • Texas
Standard Information and Privacy Act Form

The Privacy Act requires your written consent before a government agency will release information to our office. Please complete this form and return it as indicated below. ***A brief letter outlining the nature of your problem is required. An inquiry cannot be submitted without it.*** Please be as specific as possible. Please also attach any relevant correspondence* that you have initiated or received concerning your problem. Submit your completed form and any pertinent attachments to:

U.S. Senator Ted Cruz
 961 J.J. Pickle Federal Building
 300 E. 8th Street
 Austin, Texas 78701
 Fax: 512-916-5839
casework@cruz.senate.gov

*Because of security measures, mail is now irradiated, which can damage sensitive items such as cassette tapes, videos, CD's and DVD's. Fax, e-mail (must be less than 5MB) and web form are the quickest ways to forward your information.

Name: Mr. / Mrs. / Ms. / Other (please specify): _____

Address _____

City/State/Zip _____

Preferred Phone: _____ **Other Phone:** _____

Email: _____

Social Security Number _____ **Date of Birth** _____

Federal Agency Involved _____

Requested Benefits _____

Please complete sections applicable to your case:

Veterans Claim Number _____ **Military ID/ Branch** _____

Medicare Provider PTAN, NPI, TAX ID, CSA/CSF#: _____

Other (If IRS, please indicate tax year (s) and form): _____

Have you requested assistance from any other elected official? YES or NO

If yes, which office(s)? _____

Did you receive a final response? YES or NO

Pursuant to the Privacy Act of 1974 (5 U.S.C. § 552a), I hereby authorize appropriate governmental agencies to release information about me and relevant to this inquiry to U.S. Senator Ted Cruz. I understand that by requesting assistance of Senator Cruz and his staff I am obligated to provide true and correct information regarding my situation. Failure to disclose all information or any deliberate attempt to mislead Senator Cruz or his staff may result in the discontinuance of assistance.

 (Signature)

 (Date)