

*be accepted)* 

## 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. <u>A brief letter outlining the nature of your problem is required. An inquiry cannot be submitted without it.</u> 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

\*Fax, e-mail and web form are the quickest ways to forward your information. CD's, DVD's and links to files, are NOT accepted.

Address	
	Other Phone:
Email:	
	Date of Birth
Federal Agency Involved	
Please complete sections applicable to	your case:
Veterans Claim Number	Military ID/ Branch
Medicare Provider PTAN, NPI, TA	AX ID, CSA/CSF#:
Other (If IRS, please indicate tax yo	ear (s) and form):
Have you requested assistance from	any other elected official? YES or NO
If yes, which office(s)?	Date contacted?
Did you receive a final response?	YES or NO
about me and relevant to this inquiry to U.S. Sei me <u>and</u> Senator Cruz's staff. I understand that b	552a), I hereby authorize appropriate governmental agencies to release information nator Ted Cruz. For IRS inquiries, I give permission to the IRS/TAS to communicate with y requesting assistance of Senator Cruz and his staff I am obligated to provide true and ilure to disclose all information or any deliberate attempt to mislead Senator Cruz or his nce.
SIGNATURE (Ink Signature Required - dis	zital signatures will not Date