

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

*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:O	Other Phone:	
Email:		
Social Security Number		
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 t	form):	
Have you requested assistance from any other el	lected official? YES or NO	
If yes, which office(s)?		
Did you receive a final response? YES or N	NO	
Pursuant to the Privacy Act of 1974 (5 U.S.C. § 552a), I hereby about me and relevant to this inquiry to U.S. Senator Ted Cruz. me and Senator Cruz's staff. I understand that by requesting as correct information regarding my situation. Failure to disclose staff may result in the discontinuance of assistance.	s. For IRS inquiries, I give permission to the IRS ssistance of Senator Cruz and his staff I am obli	TTAS to communicate with gated to provide true and
(Signature)	(Date)	05/2020