



Privacy Release Form

Full Name: _____
First Middle Last Suffix

Date of Birth: ___/___/___ **Primary Telephone:** _____
mm dd yyyy

Email: _____ **Alternate Telephone:** _____

Address: _____ **County:** _____

City: _____ **State:** _____ **Zip:** _____

If applicable, please provide the following information:

Federal Agency: _____ **Social Security #:** _____

VA Claim #: _____ **Medicare #:** _____

Branch of Service: _____ **Dates of Service:** ___/___/___ **TO** ___/___/___

Passport Application #: _____ **Other Relevant Case #:** _____

Other Congressional Office(s) Contacted: _____

I hereby authorize your office to request on my behalf that the appropriate federal agency or agencies investigate the following. (Explain the matter with which you are seeking assistance as well as your expected resolution. Use reverse side if needed. Attach copies of relevant documentation.)

I further authorize, under the provisions of the Privacy Act of 1974, that the agency or agencies involved have my permission to disclose information from their records about my case or claim to the office of Senator John Thune.

Signature: _____ **Date:** _____

In order to begin the casework process, please return the original, complete, and signed form to the nearest office:

Aberdeen Office
205 6th Avenue SE, Suite 202
Aberdeen, SD 57401
Phone: (605) 225-8823
Fax: (605) 225-1068

Sioux Falls Office
2401 es e i Place, Suite 200
Sioux Falls, SD 57108
Phone: (605) 334-9596
Fax: (605) 334-2591

Rapid City Office
246 Founders Park Drive, Suite 102
Rapid City, SD 57701
Phone: (605) 348-7551
Fax: (605) 348-7208