JOHN THUNE

U.S. SENATOR for SOUTH DAKOTA

Privacy Release Form

Full Name: _____ (First) _____ (Middle) _____ (Last) _____ (Suffix)

Date of Birth: ____ (mm) / ____ (dd) / ____ (yyyy)

Primary Telephone: _____

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.)

_____

_____

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_____

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 West Trevi 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