

United States Senate

WASHINGTON, DC 20510-4801

SOCIAL SECURITY PRIVACY RELEASE AUTHORIZATION

Due to the provisions of the Privacy Act of 1974 (Title 5, Section 552A of the United States Code), I am required to obtain your permission in writing before I can make an inquiry on your behalf.

Thank you for contacting me regarding your issue with Social Security. **If you have a pending Social Security Disability claim please read the attached information sheet that explains how I may assist you.**

Type of Social Security issue:

Regular Social Security Overpayment/Underpayment Missed or Lost Monthly Benefits

Social Security Disability **Date applied:** _____

Status of Disability Claim: DDS Reconsideration Hearing Appeals Unknown

Office where claim is currently handled: _____

Spousal or Dependent Benefits Medicare Other _____

***NOTE: Please attach a brief legible letter describing the problem or issue you have with Social Security or use the other side of this form.**

I hereby authorize U.S. Tim Kaine and his staff to make inquiries and obtain information related to my case currently pending with Social Security.

Full Name *(please print)*

Signature*

Address

Date

City, State, Zip

Phone Number *(including area code)*

Email address *(if available)*

Social Security Number* Account/Claim Number*

****Required Information***

While we are happy to work on your behalf, we typically avoid opening a constituent case that is currently being handled by another Senator or House member as this may cause delays in resolution. Do you currently have an open case for the matter described above with another U. S. Senator or Representative?

_____ Yes _____ No If yes, please provide the members name _____

RETURN COMPLETED FORM TO:

Senator Tim Kaine
ATTN: Constituent Services
919 East Main Street, Suite 970
Richmond, VA 23219

OR

Fax (804) 771-8313
ATTN: Constituent Services