



# The Office of Senator Martha McSally

## PRIVACY ACT CONSENT FORM

In accordance with the provisions of Public Law 93-579 (The Privacy Act of 1974), I hereby give my consent for information concerning my file to be furnished to my Senator, Martha McSally. I have discussed my case with Senator McSally and/or her representative(s) and request that any relevant information she might require in order to assist in responding to my inquiry be provided to her in accordance with the provisions of the law.

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Federal Agency Involved: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_

Have you contacted another congressional office? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Who? \_\_\_\_\_

(For USCIS) Immigration Case Number / A#: \_\_\_\_\_

(For IRS) Tax Return Year(s) in Question: \_\_\_\_\_

(For VA/Military) Veterans Affairs Claim Number: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Military Rank: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

Other Names Relating to Your Case: \_\_\_\_\_

*I certify, under penalty of perjury, that the information in this request is complete, true, and correct to the best of my knowledge.*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*\* Please attach a letter describing the details of your situation and include copies of documentation pertaining to your case.\*\***

Please return completed form to: Senator Martha McSally  
2201 E. Camelback Rd., Suite 115      **OR**      Senator Martha McSally  
Phoenix, AZ 85016      Tucson, AZ 85701  
[Phoenix@mcsally.senate.gov](mailto:Phoenix@mcsally.senate.gov)      [Tucson@mcsally.senate.gov](mailto:Tucson@mcsally.senate.gov)

For office use only. Third party name: \_\_\_\_\_

**\*OFFICE AIDE INITIALS:** \_\_\_\_\_