

SOCIAL SECURITY CONSENT FORM

CONSTITUENT INFORMATION

NAME: _____ SOCIAL SECURITY NUMBER: _____

ADDRESS: _____

_____ TELEPHONE: _____

TYPE OF SOCIAL SECURITY BENEFITS APPLIED FOR: _____ DATE _____

AT WHICH SOCIAL SECURITY OFFICE DID YOU APPLY? _____

If other than own account, name of person whose account you're filing on and their account #:

NAME _____ SOCIAL SECURITY NUMBER _____

AT WHAT LEVEL IS YOUR CLAIM? Initial Hearing Claim denied and not reopened

DATE FILED _____ Reconsideration Appeals Council

Briefly describe problem or inquiry (use reverse side if necessary):

I request U.S. Senator Evan Bayh to:

CONSTITUENT AUTHORIZATION

I am aware that the Privacy Act of 1974 prohibits the release of information in my file without my approval. I give my authorization to U.S. Senator Evan Bayh, or his staff representative designated by him, to make proper inquiry on my behalf to the _____.

Signed _____ Date _____

Request must be signed by involved constituent or legally appointed guardian, and returned to U.S. Senator Evan Bayh, 1650 Market Tower, 10 West Market Street, Indianapolis, IN 46204 (317) 554-0750.

Name and Address of Guardian: _____

_____ Zip Code _____

Inter-Office Information:

Office Contacted: _____ Call/Visit _____ Staff Member _____

