BOB GRAHAM
FLORIDA

UNITED STATES SENATE
WASHINGTON, D.C. 20510

NOTICE

THE PRIVACY ACT OF 1974 REQUIRES THAT WRITTEN CONSENT BE OBTAINED FROM THE CONSTITUENT BEFORE INFORMATION CAN BE DISCLOSED FROM A GOVERNMENT AGENCY'S RECORDS. SO THAT I MIGHT ACT ON YOUR BEHALF, I WOULD APPRECIATE YOUR PRINTING AND SIGNING THE FOLLOWING STATEMENT AND RETURNING IT TO ME. (IF YOU ARE INQUIRING ON BEHALF OF SOMEONE, IT IS NECESSARY THAT THEY SIGN THE STATEMENT.)

Dear Senator Graham:

This is to authorize you to secure information pertaining to my request for your assistance.

_____
DATE

_____
SIGNATURE

_____
NAME - PLEASE PRINT

_____
MAILING ADDRESS

_____
CITY, STATE, ZIP

_____
HOME PHONE

_____
OFFICE PHONE

_____
SOCIAL SECURITY NUMBER

_____
MILITARY/VA/ALIEN/OR ANY OTHER PERTINENT NUMBER

PLEASE RETURN TO:
OFFICE OF SENATOR BOB GRAHAM
2252 KILLEARN CENTER BLVD, 3RD FLOOR
TALLAHASSEE, FLORIDA 32308

NATURE OF
PROBLEM:_____

_____

_____

_____

_____

_____

_____

ACTION REQUESTED: _____

_____

_____

_____

_____

_____

If you have a problem with the U.S. Immigration and Naturalization Service, please also complete the applicable information below:

NAME OF PETITIONER_____

NAME OF BENEFICIARY_____

OTHER NAMES USED (INCLUDING MAIDEN NAME)_____

DATE OF BIRTH_____ COUNTRY OF BIRTH_____

ALIEN REGISTRATION NUMBER_____

RECEIPT NUMBER_____

FORM FILED --- DATE FILED_____
____I-129 ____I-485 ____I-824 ____N-600
____I-130 ____I-539 ____N-400 ____N-643
____I-140 ____I-765 ____N-565 ____G-639
____I-360
____OTHER -- (SPECIFY)_____

WHERE FILED_____

If you have a problem with the Social Security Administration,
please also complete the applicable information requested below:

INDICATE STATUS OF YOUR CLAIM:

_____INITIAL CLAIM.....DATE FILED:_____

_____RECONSIDERATION.....DATE FILED:_____

_____ALJ HEARING.....DATE FILED:_____

_____APPEALS COUNCIL.....DATE FILED:_____