



Request for Assistance

SENATOR SHERROD BROWN

NAME _____

PRONOUNS (Optional) ____/____/____ HOME PHONE (____) _____

ADDRESS _____ CELL PHONE (____) _____

CITY _____ WORK PHONE (____) _____

STATE _____ ZIP _____ COUNTY _____ EMAIL _____

Date of Birth ____/____/____ Social Security Number _____
(Provide these numbers only if necessary to review your concerns.)

AUTHORIZATION TO RELEASE TO 3RD PARTY? YES ____ NO ____ (IF YES, FILL OUT BELOW)

NAME _____ RELATIONSHIP _____

PHONE & EMAIL _____

Dear Senator Brown:

I am seeking your assistance in a personal matter involving the federal government. I hereby authorize your office to request, on my behalf, that the appropriate federal agency or agencies investigate the following:
(Use reverse side or additional paper, as needed.)

I further authorize, under the provisions of the Privacy Act of 1974, and under penalty of perjury, 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 Sherrod Brown.

SIGNATURE _____ DATE _____

Please return this completed form and any other relevant information to:

Senator Sherrod Brown, 801 West Superior Avenue, Suite 1400, Cleveland, Ohio 44113-1829

Fax: 202-228-2307

Email: casework@brown.senate.gov

If you have questions call: **Phone: 216-522-7272 Toll-Free: 888-896-6446 (Press 1)**