



**Congressman Markwayne Mullin
Second District of Oklahoma
Privacy Release and Information Form**

In keeping with the restrictions of the Privacy Act of 1974, I hereby authorize Congressman Mullin and/ or his representative to request information from agencies or departments on my behalf. This release does not constitute a power of attorney.

Please complete the following:

I am having a problem or difficulty with: _____

Name: _____

Address: _____

City / State/ Zip _____

Telephone **Home** _____ **Work** _____

Cell _____ **Fax** _____ **Email** _____

Date of Birth _____ **Social Security Number** _____

Explanation of Problems (Attach any relevant information):

Have you contacted another Congressional or Senate office? _____ If yes, whom _____

If release of information on your case to another party or your attorney is authorized, please specify:

I hereby authorize the Office of Congressman Mullin, and authorize Congressman Mullin and his staff to work on my behalf with any federal agency relevant to the matter described above, to receive any information contained in my file and, if necessary, to forward any pertinent correspondence sent by me regarding this matter.

Signature _____ **Date** _____

If signed with a mark: **Witnessed by:** _____ **Date** _____

Please provide more information on the next page

Complete ONLY the sections that apply to your request for assistance.

Social Security

Current level of claim:

() New Claim () Reconsideration () Hearing () Appeals Council () Federal Court

Immigration:

Beneficiary name _____

Address _____

A-Number _____ Receipt number _____

Date of Application _____ Form number _____

IRS (Tax Problem)

Type of tax (income, employment, etc) _____

Tax years _____ Tax Form _____

If this for a business: Company Name _____

EIN # _____ Your relationship to the business _____

OFFICE USE ONLY: I give TAS permission to contact the constituent directly regarding this inquiry _____
TAS can leave information via VMS with the Congressional office on a secure line _____

Medicare or Office of Workers' Compensation

Medicare # _____ OWCP # _____

Veterans and / or Military

VA Case file # _____ Branch of Service _____ Rank/ Grade _____

Dates of Service _____ Duty Station _____

Passport

Date of Application _____ Date of Travel _____ Application # _____

Destination _____ Expedite paid: Y N (circle one)

Return to: **Congressman Markwayne Mullin**
3109 Azalea Park Drive
Muskogee, OK 74501

Congressman Markwayne Mullin
1E Choctaw, Suite 175
McAlester, OK 74501

Phone: 918-687-2533 Fax: 918-686-0128

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