



U.S. SENATOR CHUCK GRASSLEY
Constituent Service Request Form



*To consent to having Senator Grassley act on your behalf,
please fill out this consent release form.
The completed form can be sent to the office closest to you.*

Name: _____

Address: _____

City: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____

Phone: _____ Email: _____

SPOUSAL INFORMATION – if applicable

Spouse Name: _____

Address: _____

City: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____

Phone: _____ Email: _____

STATEMENT OF PROBLEM – in detail

****Please feel free to use additional sheets, if necessary****

Receipt/Case #: _____ A#: _____

****Immigration cases only****

CONSENT FOR RELEASE OF PERSONAL RECORD INFORMATION

The Privacy Act of 1974 generally prohibits applicable Government agencies from revealing particular information from personal files of individuals without the express permission of the person involved. Disclosure of personal records to a Senator who is acting on behalf of a constituent may be prohibited, unless the individual to whom the record pertains has consented.

I, the undersigned, hereby authorize Senator Charles E. Grassley to receive information in my file in connection with his inquiry on my behalf.

Signature: _____ Date: _____

Signature of Spouse: _____ Date: _____
(if applicable)