



**U.S. SENATOR CHUCK GRASSLEY**  
**Constituent Service Request Form**  
*To authorize Senator Grassley or a member of his staff  
to communicate with a federal agency on your behalf  
complete this form and return it to the office closest to you.*



Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

If this is a request about Medicare benefits please provide Medicare number: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Spouse Name (if applicable): \_\_\_\_\_

Spouse Social Security Number: \_\_\_\_\_ Spouse Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**STATEMENT OF PROBLEM – in detail**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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 and anyone on his staff to receive information in my file in connection with his inquiry on my behalf:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Spouse: \_\_\_\_\_ Date: \_\_\_\_\_  
(if applicable)

*Third Party Disclosure (optional):*

I hereby authorize Senator Charles Grassley and his staff to discuss or otherwise disclose information in connection with this matter with the following individual(s) on my behalf.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_