

U.S. Senator Martin Heinrich

Privacy Release Form



Please provide the information requested below and sign at the bottom. On page two of this form, please include as many details as possible, along with copies of any relevant documentation.

Name: _____

Address: _____

City and State: _____ Zip: _____

Home Telephone: _____ Work Telephone: _____

Cell Phone: _____ E-mail Address: _____

Date of Birth: _____ Social Security #: _____

Federal Agency involved: _____

If Applicable:

Case or Claim # _____ Military I.D. # _____

Alien # (If applicable) _____ CSA # _____

Passports:

Locator # _____ Date of Departure: _____ Destination: _____

Do you currently have a case pending before a local, state, or federal court in regard to this matter?

NO YES, with a local, state, or federal court

Have you contacted, or do you plan to contact any other member of the New Mexico Congressional Delegation regarding this matter?

NO YES (please check all that apply): Udall Lujan Grisham Luján Pearce

U.S. Senator Martin Heinrich and his staff have my permission to make inquiries into my personal records and/or files as necessary to assist me in the matter I have presented to him and his staff.

Signature: _____ Date: _____

Please return to:
Senator Martin Heinrich
400 Gold Ave. SW Suite 1080
Albuquerque, NM 87121