

# 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 (check all that apply):  Lujan  Stansbury  Leger Fernandez  Herrell

Have you contacted Governor Lujan Grisham's office regarding this issue?  Yes  No

*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: \_\_\_\_\_

