

Casework Privacy Release Form

Due to the authorizing of the "Right to Privacy Act," it is necessary for you to complete and sign this form authorizing me and members of my staff to obtain the information needed to respond to your request for assistance. The information obtained will only be that which is relative to the problem you presented to my office.

Date: _____
Name: _____
Address: _____
City and State: _____ Zip Code: _____

U.S. Senator Lisa Blunt Rochester has my permission to make inquiries into my personal records and/or files as necessary to assist me in the matter that I have presented to her office.

Signature: _____
Date of Birth: _____
Social Security Number: _____
Telephone Number: _____
Email Address: _____

Do you currently have a case pending before a local, state, or federal court in regard to this matter? (please circle) YES or NO

Do you currently have an open case with Senator Chris Coons or Rep. Sarah McBride's office?
(please circle) YES or NO

Please briefly describe the situation: _____

Please send this form back via email, or print this form and mail to the address listed below:

Office of U.S. Senator Lisa Blunt Rochester
Attn: Casework
12 The Circle
Georgetown, DE 19947