

United States Senate

WASHINGTON, DC 20510

Office of US Senator Tim Sheehy
Privacy Release Form
Authorization in accordance with the 1974 Privacy Act

NAME: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Date of Birth: ____-____-____ SSN (or VA, last four): _____-_____ - _____

Check Agency Involved:

- Social Security
- Veterans Affairs: Claims Number: _____
Rank and Branch of Service: _____
- Immigration: Alien Number: _____
Receipt Number: _____
- IRS: Tax Year(s): _____
- Health Care: Insurance Provider and ID Number: _____

- Other (please specify): _____

Summary of the Issue: _____

Note: The Privacy Act requires the completion of this form for Senator Sheehy or his representative to receive information on behalf of constituents. I hereby authorize Senator Sheehy or his representative to receive information on my behalf and/or to discuss my records with the Agency involved or with any third party designated on this document.

Signature: _____ Date: _____

Third Party Designees:

Name: _____ Relationship: _____

Phone and/or Email: _____

Name: _____ Relationship: _____

Phone and/or Email: _____

Please return this form to your closest state office:

US Senator Tim Sheehy
125 W Granite St, Ste 200
Butte, MT 59701
406-782-2048

US Senator Tim Sheehy
222 N 32nd St, Suite 102
Billings, MT 59101
406-252-0559

US Senator Tim Sheehy
119 1st Ave N, Suite 102
Great Falls, MT 59401
406-452-9587

US Senator Tim Sheehy
8 – 3rd Street East
Kalispell, MT 59901
406-257-3398

Email the form to: Casework@Sheehy.Senate.gov
