Request for Assistance

SENATOR JERRY MORAN

NAME _____ HOME PHONE (_____) _____

ADDRESS _____ CELL PHONE (_____)_____

CITY _____ WORK PHONE (_____) _____

STATE _____ ZIP _____ COUNTY _____ EMAIL_____

SS# _____ Medicare# _____ CLAIM#/CASE# _____

(Provide these numbers only if necessary to investigate your case.)

Dear Senator Moran:

I am seeking your assistance in a personal matter involving the federal government. I hereby authorize your office to request, on my behalf, that the appropriate federal agency or agencies investigate the following:
(Use reverse side or additional paper, as needed.)

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I further authorize, under the provisions of the Privacy Act of 1974, that the agency or agencies involved have my permission to disclose information from their records about my case or claim to the office of Senator Jerry Moran.

SIGNATURE _____ DATE _____

Please return this completed form and any other relevant information to:

MANHATTAN OFFICE
Senator Jerry Moran: P.O. Box 067, Manhattan, KS 66502
Phone: 785-539-8973, Fax: 785-587-0789