



JON OSSOFF

U.S. SENATOR FROM GEORGIA

Release and Authorization Form

Complete and return this form to the Office of Senator Jon Ossoff so that we can assist you in the matter described below.
Pursuant to the Privacy Act of 1974, our office cannot assist individuals without their express written consent.

PLEASE PRINT CLEARLY

Full Name:

First Middle Last Suffix

Date of Birth:

/ /
mm dd yyyy

Daytime Telephone:

Email:

Alternate Telephone:

Address:

City:

Zip:

If applicable, please provide the following information:

Federal Agency Involved:

Social Security #:

Veteran Claim #:

Student Loan Account #:

Branch of Service:

Mortgage Servicer:

State Dept. Case #:

Mortgage Loan #:

Nature of Problem: Please provide a written description below regarding the nature of your problem and the assistance you are seeking. Providing as much detail as possible will improve our ability to assist you.

By signing below I am requesting and authorizing the Office of U.S. Senator Jon Ossoff to intercede on my behalf, including the right to review all appropriate documentation that he or his staff deems necessary in connection with the application for assistance or any other action I have pending with the agency named above. I understand that any documents I provide to Senator Jon Ossoff or his staff may be copied and forwarded to officials of the agency listed above for review. I acknowledge that the information I provide is complete and truthful.

I hereby authorize the Office of Senator Jon Ossoff to act on my behalf with any federal agency relevant to the matter described above, and therefore waive all rights in the release of any and all related information and records.

Signature:

Date:

Please return the original, complete, and signed form by:

U.S. Mail:

Email:

Fax:

271 17th Street NW, Suite 1510
Atlanta, GA 30363

CaseworkTeam@ossoff.senate.gov

(202) 228-6899