U.S. Senator Deb Fischer
Constituent Services Request Form

Applicant Name: _____ ***Date and Country of Birth:*** _____

Address: _____ ***City/State/Zip:*** _____

Telephone (Day): _____ ***Telephone (Evening):*** _____

Alien Number (if applicable): _____ ***E-Mail:*** _____

Beneficiary Name: _____ ***Date and Country of Birth:*** _____

Address: _____ ***City/State/Zip:*** _____

Telephone (Day): _____ ***Telephone (Evening):*** _____

Alien Number (if applicable): _____ ***E-Mail:*** _____

Immigration Form Type and Receipt Number: _____ ***Date of Filing:*** _____

To encourage better coordination between government offices, have you contacted any other agencies or elected officials about this issue? If so, which ones and when: _____

_____

_____

_____

Senator Fischer's office does not provide legal advice or legal services, and any information provided should not be relied upon as such. You should contact an attorney if you believe you need legal representation or have a right to seek redress from the U.S. Government.

Disclosure Authorization

The Privacy Act of 1974 prohibits the government and private entities under contract to administer government programs from revealing information from the personal files of individuals without the express permission of the person involved. I, the undersigned, hereby authorize Senator Deb Fischer and her staff to receive information pertinent to my request for assistance indicated above.

I certify, under penalty of perjury, that 1.) I provided or authorized all of the information in this privacy release and any document submitted with it; 2.) I reviewed and understand all of the information contained in my privacy release and documents with it; and 3.) all of this information is complete, true, and correct.

Applicant (please print): _____ ***Date:*** _____

Applicant Signature (sign in ink): _____

Beneficiary (please print): _____ ***Date:*** _____

Beneficiary Signature (sign in ink): _____

Please briefly state your request for assistance. Attach copies of any pertinent documents:

Return Information:

U.S. Senator Deb Fischer
440 N. 8th St., Suite 120
Lincoln, NE 68508

Phone: (402) 441-4600
Fax: (402) 476-8753
E-mail: Sarah_Skinner@fischer.senate.gov

Third Party Authorization Form

Constituent Information

Name: _____ ***Date of Birth:*** _____

Address: _____ ***City/State/Zip:*** _____

Phone: _____ ***E-Mail:*** _____

Third Party Proxy Designation (Optional)

If you would like Senator Fischer's office to be able to communicate about your case with a family member, designated representative, or attorney, please provide the third party's contact information below.

Name: _____ ***Relationship to Individual:*** _____

Address: _____ ***City/State/Zip:*** _____

Phone: _____ ***E-Mail:*** _____

Constituent Signature (sign in ink): _____