



# U.S. SENATOR DEB FISCHER CONSTITUENT SERVICES REQUEST FORM

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Telephone (Day):** \_\_\_\_\_ **Telephone (Evening):** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

### **Third Party Proxy Designation (Optional)**

*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. If you would like our 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:*

**Name:** \_\_\_\_\_ **Relationship to Individual:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State/Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Please briefly state your request for assistance. Attach copies of any pertinent documents. To encourage better coordination between government offices, have you contacted any other agencies or elected about this issue? If so, please include which ones and when:** \_\_\_\_\_

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### **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):** \_\_\_\_\_

### **Return Information:**

U.S. Senator Deb Fischer, Attn: Chase Kratochvil  
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Omaha, NE 68154

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