U.S. Senator Deb Fischer
Constituent Services Request Form

Applicant Name: _____ ***Telephone Number:*** _____

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

Date of Birth: _____ ***Country of Birth:*** _____

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

Beneficiary Name: _____ ***Telephone Number:*** _____

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

Date of Birth: _____ ***Country of Birth*** _____

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

Immigration Form: _____ ***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
1248 O St., Suite 1111
Lincoln, NE 68508

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Fax: (402) 476-8753
E-mail: Casework_Fischer@fischer.senate.gov