

Attn:
(for office use only)

People ID#

Senator Dianne Feinstein

Privacy Release Form

Complete, sign, and return to:

SENATOR DIANNE FEINSTEIN
ONE POST STREET, SUITE 2450
SAN FRANCISCO, CA 94104

Date: _____

Name: _____

Address: _____ Zip: _____

Home Phone: _____

Work Phone: _____

Federal Agency Involved: _____

Social Security # or Agency File #: _____

Date of Birth: _____

Have you contacted our office before? _____

Have you contacted another congressional office regarding this matter? _____

If "yes" to the above, which office & when? _____

Is this matter currently pending before a local, state, or federal court? _____

Problem:

Please briefly explain your problem and outline the steps that have been taken by you and the agency with regards to your situation. In addition, please make your request for assistance as specific as possible. Should you require more room, feel free to attach a letter addressed directly to the Senator.
