

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.

---

---

---

---

---

