



BEN CARDIN
 MARYLAND
 United States Senate



PRIVACY ACT FORM – SOCIAL SECURITY DISABILITY/SSI

Federal agencies are prohibited from releasing information concerning an individual to a third party under the Privacy Act of 1974. Please complete and sign this form, which will allow information regarding your concern to be released to the office of U.S. Senator Ben Cardin. Carefully read the form and legibly print all information requested. Altered or reproduced forms will not be accepted.

NAME: _____

ADDRESS: _____

CITY, STATE: _____ **ZIP CODE:** _____

EMAIL: _____

PHONE: _____ **CELL PHONE:** _____

SSN: _____ **DATE OF BIRTH:** _____

TYPE OF CLAIM: Social Security Disability Supplemental Security Income

CLAIM LEVEL: Initial Level Reconsideration Level Hearing Level Appeals Council

Have you contacted another congressional office regarding this issue? YES NO

If so, whose office have you contacted? _____

SUMMARY

On the lines below, please include specific information about your claim and explain how you would like Senator Cardin to assist you. You may also attach additional supporting documents.

SIGNATURE

DATE

Return form by mail:

U.S. Senator Ben Cardin
 100 S. Charles Street
 Tower 1, Suite 1710
 Baltimore, MD 21201

Return form by fax:

(410) 962-4156

Return form by email:

casework@cardin.senate.gov