



# Rep. Stephanie Bice



## Oklahoma's Fifth Congressional District

### Privacy Release and Constituent Information Form

*In keeping with the restrictions of the Privacy Act of 1974, I hereby authorize Congresswoman Stephanie Bice and/or her representative to request information from any Federal agency or department in attempting to answer my inquiry. I understand this authorization may include correspondence in written, telephonic, voicemail, facsimile, e-mail or other forms –including medical records or other documents or matters relative to my case – to Congresswoman Stephanie Bice and/or her representative. I also authorize any Federal Agency or Department to furnish copies of any documents, correspondence, or information relative to my inquiry to Congresswoman Stephanie Bice and/or her representative.*

#### STEP

1

**Please complete the following personal information for the subject of the inquiry (Petitioner/Applicant).**

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Email \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

#### STEP

2

**Briefly explain the problem and attach copies of any relevant documentation. \*Required** (Please print legibly)

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**How did you hear about Congresswoman Bice's constituent casework services?** \_\_\_\_\_

**Have you contacted any other Congressional or Senate offices about this issue?** \_\_\_\_\_ **If yes, whom** \_\_\_\_\_

#### STEP

3

**Sign and Date- Then go to the next page.** If you are signing on behalf of another, please provide a copy of your authority to do so (example: Power of Attorney).

I hereby declare that I am currently a resident of the Fifth Congressional District and 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 submitted with it; and 3) all of this information is complete, true, and correct.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**You have my permission to discuss my case with the following person:** \_\_\_\_\_

**Complete ONLY the sections that apply to your inquiry.**  
**If you do not know the requested information, you may leave it blank**

**Immigration**

*I authorize USCIS to release information contained in my USCIS records as relevant to checking my case status, and to the extent permitted by law, to Representative Stephanie Bice and the Member's staff.*

Beneficiary Information (Please include copies of your latest USCIS receipt notices.)

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

A Number \_\_\_\_\_ Receipt Number \_\_\_\_\_ Date of Application \_\_\_\_\_

Petitioner Place of Birth \_\_\_\_\_ Beneficiary Place of Birth \_\_\_\_\_

Form Type (I-130, I-131, I-140, I-485, etc.) \_\_\_\_\_

**Internal Revenue Service**

Please include a copy of your complete and signed tax return for the tax year in question.

Company Name (if applicable) \_\_\_\_\_ EIN # \_\_\_\_\_

Your Relationship to the Business \_\_\_\_\_

Type of Tax (income, employment, etc.) \_\_\_\_\_ Tax Years: From \_\_\_\_\_ To \_\_\_\_\_ Tax Form \_\_\_\_\_

Did you file your tax return online or by mail? \_\_\_\_\_ Date of Filing \_\_\_\_\_

Filing Status (Married/Jointly, Single, etc.) \_\_\_\_\_

**Medicare or Workers Compensation**

Medicare Number \_\_\_\_\_ OWCP Number \_\_\_\_\_

**Veterans Affairs and Military**

By completing this form, I authorize Congresswoman Bice or her staff to review medical information listed under 38 U.S.C. 7332.

VA Case/C-File # \_\_\_\_\_ Branch of Service (Incl. National Guard) \_\_\_\_\_

Rank/Grade \_\_\_\_\_ Dates of Service \_\_\_\_\_ Duty Station \_\_\_\_\_

**Passports**

Date of Application \_\_\_\_\_ Date of Travel \_\_\_\_\_ Application Number \_\_\_\_\_

Destination \_\_\_\_\_ Did you pay to expedite the application? \_\_\_\_\_

**Return**

By Mail or In Person

Rep. Stephanie Bice  
101 N. Robinson Ste. 1105  
Oklahoma City, OK 73102

By Fax or Email

E-mail: [casework.bice@mail.house.gov](mailto:casework.bice@mail.house.gov)  
Fax: 1-855-235-5024

Questions?

(405) 300-6890