



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)

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
500 N. Broadway Suite 250
Oklahoma City, OK 73102

By Fax or Email

E-mail: casework.bice@mail.house.gov
Fax: 1-855-235-5024

Questions?

(405) 300-6890