U.S. Senator Tom Cotton (Arkansas)

CONSTITUENT INQUIRY

(PLEASE PRINT)

First Name: _____ Middle: _____ Last: _____

Social Security #: _____ Military Branch (If Applicable): _____

Mailing Address: _____ City/State: _____

Zip Code: _____ Date of Birth: _____ Daytime Phone: _____

Evening Phone: _____ Email: _____

U.S. Senator Tom Cotton has my permission to share information regarding my case with the following person(s): (Please list first and last name of spouse, children, or others that can request or discuss information on your behalf. Do not list the federal agencies in this section.)

_____

_____

_____

BRIEFLY DESCRIBE THE ISSUE FOR WHICH YOU ARE REQUESTING U.S. SENATOR COTTON'S ASSISTANCE: (If additional space is needed, please feel free to write on the back or use additional paper.)

_____

_____

_____

PRIVACY ACT: In accordance with the provision of the Privacy Act of 1974 and the privacy standard of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, I authorize the Office of Senator Tom Cotton to secure any and all information required in the solution of my problem, including, but not limited to, health information, doctors' records, pharmaceutical and dental records from any source, i.e. Social Security Administration, Department of Health and Human Services, Medicare, Medicaid, Veteran's Administration and U.S. Citizenship and Immigration Services.

Signed: _____ Date: _____

Please mail or hand-deliver the completed form and any attachments to the office listed below:

U.S. Senator Tom Cotton
P.O. Box 25216
Little Rock, AR 72221
501-223-9081