



**UNITED STATES SENATOR  
TOM UDALL – NM**

***Case Authorization and Privacy Release Form***

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ NEW MEXICO ZIP \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

**Please provide any other identification numbers relevant to your case, such as  
Veteran Case ID number, CSA number, IRS number, INS number, etc.**

\_\_\_\_\_

**Are you working with any other NM Delegation member (Y) \_\_\_\_\_ (N) \_\_\_\_\_  
If so whom? \_\_\_\_\_**

***Please attach a typed or clearly written description of the problem and any relevant  
documentation.***

I hereby request and authorize United States Senator Tom Udall and/or members of his staff, to make an inquiry on my behalf in addressing this matter. I further understand that I will save harmless any agencies divulging information pursuant to this release of information, as well as Senator Tom Udall and/or any representative of his staff in these matters.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

(In order to comply with the provisions of the Privacy Act of 1974, it is necessary that your signature be on file).

PLEASE SIGN AND RETURN THIS FORM TO: ***Senator Tom Udall  
120 S. Federal Place, Suite 302  
Santa Fe, NM 87501***