Privacy Act Form

(Please Print or Type)

Claimant's Name :_____ Mr. Mrs. Ms.
(Last Name) (First) (Middle)

Address:_____
(Street or P.O. Box)

_____
(City) (State & Zip Code)

Home Phone:_____ Work Phone:_____

Date of Birth:_____

Claimant's Social Security Number:_____

Please check ( ) the type of Social Security benefits applied for:

____ Supplemental Security Income
____ Social Security Disability
____ Disabled Widow/Widower's Benefits
____ Retirement Benefits
____ Survivor's Benefits
____ Black Lung Benefits

If your claim has been denied, have you filed an appeal? _____
If yes, what is the date you filed the appeal ? _____

At what level is your appeal? (Reconsideration, Administrative Law Judge, Appeals Council, Federal District Court)

_____

Additional Comments: _____

_____

_____

_____

_____

United States Senator Blanche L. Lincoln and/or members of her staff have my permission to make inquiries into my personal records or files as necessary to assist me.

Signature: _____ Date: _____

Return To: Senator Blanche L. Lincoln
Attention: Betty Ruth Davis
912 West 4th Street
Little Rock, Arkansas 72201