



### Casework Privacy Release Form

Due to the enactment of the Right to Privacy Act, I ask that you complete and sign this form authorizing me and my staff to obtain the information needed to respond to your request for assistance. The information obtained will be only that which is relative to the problem you presented to my office. This authorization is valid for up to one year after the date on this form.

Note: Inquiries can be made by the individual and surviving spouse. The next of kin (son, daughter, brother, sister) or someone legally acting on behalf of an individual must provide authorization such as power of attorney to obtain assistance.

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Full Name

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Social Security Number Date of Birth

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Street Address City State Zip

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Email Address Phone Number

Do you currently have a case pending before a local, state or federal court in regard to this matter? (Circle one) YES or NO

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Federal Agency Involved Claim Number

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Specific Assistance Needed

U.S. Senator Tom Carper has my permission to make inquiries into my personal records and/or files as necessary to assist me in the matter I have presented to his office.

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Signature Date

Please mail or fax this completed form, along with a detailed letter and all supporting documentation, to one of the following offices:

**Attn: Casework  
Office of U.S. Senator Tom Carper  
301 North Walnut Street, Suite 102L-1  
Wilmington, DE 19801**

**Phone: (302) 573-6291**

**Attn: Casework  
Office of U.S. Senator Tom Carper  
555 East Loockerman Street, Suite 300  
Dover, DE 19901**

**Phone: (302) 674-3308**

**Fax: (302) 674-5464**

**Attn: Casework  
Office of U.S. Senator Tom Carper  
12 The Circle  
Georgetown, DE 19947**

**Phone: (302) 856-7690**

**Fax: (302) 856-3001**