



## U.S. Senator Cindy Hyde-Smith

### PRIVACY RELEASE FORM SOCIAL SECURITY ADMINISTRATION

**Title:** Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Miss \_\_\_ Dr. \_\_\_ Other (please specify) \_\_\_\_\_

**Full Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_ **County** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_

**Email Address** \_\_\_\_\_

1. Have you contacted the Social Security Administration (SSA) regarding your concerns? Yes \_\_\_ No \_\_\_  
➤ *If "No," please contact our office before completing the remainder of this form.*
  
2. Have you contacted another U. S. Congressional office in MS re: your concerns with SSA? Yes \_\_\_ No \_\_\_  
➤ *If "Yes," please contact our office before completing the remainder of this form.*
  
3. What is your issue concerning?  
Social Security Disability (SSD) or Supplemental Security Income (SSI): \_\_\_\_\_  
Other (please specify): \_\_\_\_\_
  
4. If you have filed a claim for SSD/SSI, please check the current level of your case:  
New Claim \_\_\_  
Reconsideration \_\_\_  
Office of Disability Adjudication and Review \_\_\_  
Office of Hearings and Appeals (Virginia) \_\_\_  
Not certain \_\_\_
  
5. Are you working with an attorney? Yes \_\_\_ No \_\_\_

(Continued)

