

**CONSTITUENT REQUEST**

**Constituent Information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ SSN: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*Yes, I would like to receive U.S. Senator Donnelly's Electronic Newsletter*

I request U.S. Senator Joe Donnelly to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Constituent Authorization:**

I am aware that the Privacy Act of 1974 prohibits the release of my personal information without my expressed, written consent. I hereby authorize U.S. Senator Joe Donnelly, or a staff representative designated by him, to inquire on my behalf to all appropriate agencies and organizations.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Request must be signed by involved constituent or legally-appointed guardian or representative. Return to U.S. Senator Joe Donnelly's office: 10 West Market Street, Suite 1180, Indianapolis, Indiana 46204. Phone: (317) 226-5555, Fax: (317) 226-5508.

Name and Address of Guardian: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If other than own account, please list the name of the person whose account you're filing on and his or her SSN:

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

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**Inter-Office Information:**

Office Contacted: \_\_\_\_\_ Call/Visit: \_\_\_\_\_ Staff Member: \_\_\_\_\_