

CONGRESSMAN TRENT KELLY

FIRST CONGRESSIONAL DISTRICT OF MISSISSIPPI

PRIVACY RELEASE FORM  
Social Security

Claimant: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zipcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

*Would you like to receive Congressman Kelly's newsletter?* \_\_\_\_\_

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

Case type (ex. disability, retirement, overpayment, etc...): \_\_\_\_\_

<p><u>For Disability cases only:</u></p> <p>When did you first file the <b>currently</b> pending case? _____ (Month and Year if possible)</p> <p>Have you filed more than one initial claim? _____ (Starting over from the beginning - not appeals)</p> <p>How many? _____ Have you ever been denied by a judge? _____ If yes, when? _____</p> <p>What is the last thing you have heard about your <b>current</b> case? _____</p> <p>Please list the date you last worked and the type of work you did at that time: _____</p> <p>_____</p> <p>Please list your medical diagnoses: _____</p> <p>_____</p>
---

Please explain what you would like Congressman Kelly and his office to do on your behalf:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please attach a copy of any documents that may be helpful to us. Do not send originals.**

If you wish to authorize the release of information regarding your case to any third parties, *other than Congressman Kelly and his staff*, (i.e. family member or legal representative), please provide their names:

---

---

**In order for Congressman Kelly's office to inquire into your issue with a Federal agency you cannot currently be working with any other Congressional office.**

Have you contacted any other Member of the U.S. House of Representatives or U.S. Senate, or their offices, about this issue?  Yes  No

If yes, which Member or office?

---

Has the above referenced office closed their case file on this issue?  Yes  No

*If you would like Congressman Kelly's office to take over your case from another Congressional Office you will be required to provide written documentation that your case has been closed with any other U.S. Representative's or U.S. Senator's office before we are able to submit an inquire on your behalf.*

As required by Public Law 93-579, the Privacy Act, I hereby request and authorize Congressman Kelly to intercede on my behalf, which includes the right to review all appropriate documentation that is deemed necessary in connection with the application for assistance or any other action I have pending with the agency named above. I understand that any documents I provide to Congressman Kelly's Office may be copied and forwarded to officials of the agency listed above for review. I understand that all Federal agencies are allowed a minimum of 30 days to respond to congressional inquiries. I also affirm that the above information is correct.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Please complete this form and return to the following address:**

**Office of Congressman Trent Kelly  
Attn: Shelia Ryan  
431 West Main, Suite 450  
Tupelo, MS 38804**

Ph: (662) 841-8808

Fx: (662) 841-8845

[Shelia.Ryan@mail.house.gov](mailto:Shelia.Ryan@mail.house.gov)

# PLEASE KEEP THIS PAGE FOR YOUR RECORDS

While your case file is open and pending with the Social Security Administration, please contact Ms. Brandy Burnette with any of the following issues or information:

Contact our office if you have a new medical diagnosis, worsening of your condition, or have been hospitalized. Please provide medical records as evidence, as these may be able to help speed up a decision in your case at certain stages of a disability review.

If your case is awaiting a hearing or a decision with the Appeals Council and you experience any financial hardships, including with utility companies, landlords, or mortgage lenders, please let us know by sending our office evidence of these hardships. The hearing offices or Appeals Council may be able to use this evidence in order to move your case more quickly towards a review.

**Office of Congressman Trent Kelly**

**Attn: Attn: Shelia Ryan**

**431 West Main, Suite 450**

**Tupelo, MS 38804**

**Ph: (662) 841-8808**

**Fx: (662) 841-8845**

**[Shelia.Ryan@mail.house.gov](mailto:Shelia.Ryan@mail.house.gov)**