United States Senate

NEWARK OFFICE: GATEWAY ONE 11–43 RAYMOND PLAZA WEST SUITE 2300 NEWARK, NJ 07102

CAMDEN OFFICE:
ONE PORT CENTER
SUITE 505
2 RIVERSIDE DRIVE
CAMDEN, NJ 08101

Dear New Jerseyan:

Thank you for contacting my Newark office for assistance with your case. I appreciate hearing from you and, although my staff and I cannot guarantee a particular outcome, we look forward to assisting you in any way we can.

As my staff addresses your concerns, please bear in mind that they cannot force an agency to expedite your case or to act in your favor. My office is not able to offer legal advice or recommend an attorney. The rules of the Senate do not allow me or my staff to intervene in, or influence the outcome of, cases that are under the jurisdiction of any court. Finally, my office cannot intervene in matters under the jurisdiction of state, county, or local governments.

In accordance with the provisions of federal privacy law, the Privacy Act of 1974 (Title 5, Section 552A U.S.C.), our office must receive a completed Privacy Release before making any inquiries or receiving any information on your behalf. Please complete the attached form and mail, scan, or fax it, along with copies of any pertinent documents, to the following address:

Senator Cory A. Booker Attn.: Constituent Services One Gateway Center, 23rd Floor Newark, New Jersey 07102 Fax: 973-639-8723 casework@booker.senate.gov

Once we receive your completed form, my staff will contact the appropriate agency and inquire about your case. I assure you that we will do everything we can to provide timely and effective service once we receive the form.

If you have any questions or concerns, please call 973-639-8700. Again, thank you for contacting me.

Sincerely,

Cory A. Booker United States Senator

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Please print and mail this form so that Senator Booker can assist you. Pursuant to the Privacy Act of 1974, the Booker Office cannot assist individuals without their written consent.

Privacy Act Consent Form

Federal agency with which you need help:	
Please briefly explain the problem or informa	ation desired*:
* Dlaces and valence the comment of a different	
Please send relevant documents and additi	onal pages of explanation as attachments to this fo
Circle: Mr. Mrs. Miss Ms.	Address:
First Name:	City:
Last Name:	State: Zip:
Date of Birth:	Email:
	Phone:
Immigration*	Military*
Alien Registration #:	Branch of Service:
Priority Date:	Rank:
Form #:	_ VA File Number:
Date filed:	
USCIS Receipt #:	
Embassy Case #:	_ EEO/EEOC Charge #:
*If Applicable.	Lender name:
I hereby authorize Senator Booker and his s	taff access to any and all of my records related to t
problem stated above.	

Signature:	Date:
Please list any other Congressional offices t	hat you have contacted about this issue:

ATTN: Casework Department United States Senator Cory Booker Gateway One, Suite 2300 Newark, NJ 07102 Fax: (973) 639-8723