



United States Senator Barbara Boxer

PRIVACY ACT CONSENT FORM

The provisions of **Public Law 93-579** (Privacy Act of 1974) prohibit the disclosure of information of a personal nature from the files of an individual without their consent.

Accordingly, I authorize the staff of Senator Barbara Boxer to access any and all of my records that relate to the problem stated below.

Signature: Todd Giffen Date: 6/21/2014

To begin processing your case, please complete all of the following information:

Circle One: (Mr.) Mrs. Miss Ms.	Address: <u>3921 WESTON WAY</u>
First Name: <u>TODD</u>	City: <u>MODESTO</u>
Last Name: <u>GIFFEN</u>	State: <u>OR</u> ZIP: <u>95356</u>
Date of Birth: <u>3/13/1985</u>	Email: <u>case@oregonstatehospital.net</u>
Social Security Number: <u>542-13-0969</u>	Phone Number: <u>503-967-5202</u>

Federal agency with which you need help: Department of Defense, CIA, US DOJ, NSA, FBI

Briefly explain the problem or the information desired* (attach additional pages if necessary):

I am under the illegal control of the US military. I have been under illegal surveillance, and am imprisoned in the community illegally. The US military has raped, attempted to murder, and seriously assaulted me. I have been the subject of US military mind control torture and experimentation;

I now have severe brain and bodily injury; they have the ability to use US military satellites and radar to target me with radiation, whereby I experience calcium efflux, heart attacks, and convulsions.

This is called an electronic countermeasure and enables them to covertly assassinate people;

Major US DOD whistleblowers I am hooked up with confirm this is real. Dr. Fred Bell, Dr. Robert Duncan.

my website obamasweapon.com has more info including medical records, psych evals, and videos and audio evidence.

*Please include copies of any relevant documentation related to your request as attachments to this form.

Also include the following information if appropriate.

<u>IMMIGRATION:</u>	<u>HOUSING:</u>	<u>MILITARY:</u>
Alien Registration#: _____	Lender Name: _____	Branch of Service: _____
Form #: _____	Loan Number: _____	Rank: _____
Date filed: _____	Property Address: Same as above <input type="checkbox"/>	VA File Number: _____
USCIS Receipt#: _____	_____	_____
Embassy Case #: _____	_____	_____

Please list any other Congressional offices that you have contacted about this issue:

Senator Feinstein's Office - please view my website obamasweapon.com for additional info
Print and mail your completed form to Senator Barbara Boxer's San Francisco office at:

Attention: Casework Department
 United States Senator Barbara Boxer
 70 Washington Street, Suite 203
 Oakland, CA 94607
 Phone: 510.286.8537 Fax: 202.228.6866

(Despite containing a Washington D.C. area code, faxes sent to the above fax line will be received in Oakland)