REP. CAROLYN B.
MALONEY
NY-12

Name: _____ Gender Identity: _____

Street Address: _____

City: _____ State: NY Zip: _____ -_____

Telephone: (cell) (_____)-_____-_____ (other) (_____)-_____-_____

E-mail address: _____ Birth Date: __/__/____

List any and all identifying numbers that apply to your situation (A #, Application Receipt #):

_____

Briefly describe the nature of the assistance you are requesting (list any forms you have filed, as well as any names, dates or contact numbers you think may help the Congresswoman's inquiry):

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I understand that the Privacy Act of 1974, 5 U.S.C. 552(a) et seq. prohibits any government agency from releasing information they may have in my name without my knowledge or permission. I hereby authorize Congresswoman Carolyn Maloney and members of her staff to obtain such information from government agencies as may be required for the purpose of investigating and resolving the concerns I have set forth herein. I certify, under penalty of perjury, that 1) I provided or authorized all of the information in this privacy release and any document submitted with it; 2) I reviewed and understand all of the information contained in my privacy release and submitted with it; and 3) all of this information is complete, true, and correct.

_____ _____

Signature (signature must be signed by hand in ink) Date

Please return to: Congresswoman Carolyn B. Maloney, 1651 Third Avenue, Suite 311, New York, NY