
PLEASE READ AND SIGN BELOW:

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 10128