



Congresswoman Carolyn B. Maloney

Constituent Information Form and Privacy Release

Name: _____ M ___ F ___ (check one)

Street Address: _____

City: _____ State: NY Zip: _____ - _____

Telephone: (work) () _____ - _____ (home) () _____ - _____

E-mail Address: _____

List any and all identifying numbers that apply to your situation:
(Social Security #, VA #, Immigration "A" #, Case Number, etc.)

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. If you are writing on behalf of another individual, include his or her relationship to you, his or her contact information and, if possible, have them sign this form as well):

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.

Signature

Date

Please return to: Congresswoman Carolyn B. Maloney, 1651 Third Avenue, Suite 311, New York, NY 10128
Fax Number: 212-860-0704

★ Before sending, please check that all necessary identification, contact numbers and signatures are included.