



Congresswoman Nita M. Lowey

Constituent Information and Privacy Release Form

Name: _____ M ___ F ___ (check one)

Street Address: _____

City: _____ State: NY Zip: _____ - _____

E-mail Address: _____ Date of Birth: _____

Telephone: (work) (____) _____ (home) (____) _____ (cell) (____) _____

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 Nita Lowey and other 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 mail or fax a copy of this form and all relevant documents to Congresswoman Lowey's White Plains District Office at 222 Mamaroneck Avenue, Suite 312, White Plains, NY 10605, fax 914-328-1505, so that we can begin work on your case as soon as possible.

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