

Due to the enactment of the "Right to Privacy Act," it is necessary for you to complete and sign this form authorizing me and members of my staff to obtain the information needed to respond to your request for assistance. The information obtained will be only that which is relative to the problem you presented to my office.

Name: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Email Address : _____

Phone (home): () _____ - _____

Phone (work): () _____ - _____

Fax: () _____ - _____

Agency Involved: _____

Claim #: _____

The following personal information will help our staff track your claim.

Social Security Number: _____ - _____ - _____

Date of Birth: _____

Immigrant visa #: _____

Alien card #: _____

Veteran #: _____

Service record #: _____

Description of your situation: _____

Privacy Act Statement

Under the Privacy Act of 1974, we must have formal authorization from you before seeking disclosure of your records. The authorization must be signed by the person whose case is in question.

In accordance with the Privacy Act of 1974 (5 USC 552), I hereby authorize Representative Kirsten Gillibrand and her designated staff to seek disclosure of all records relevant to my case from the federal agency involved.

Signed: _____

Date: _____