



Congressman Jerrold Nadler

Privacy Release

Because of federal law, in many cases you will be required to submit a consent form prior to requesting my assistance. Please contact my district offices if you have any questions about the privacy release.

Name: _____ M ___ F ___ (check one)
Date of Birth: _____ Place of Birth: _____
Street Address: _____
City: _____ State: NY Zip: _____ - _____
Telephone: (work) () _____ - _____ (home) () _____ - _____
E-mail Address: _____
Case # or claim # (if applicable): _____
Federal agency involved: _____

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 Congressman Jerrold Nadler and members of his 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 to the best of my knowledge.

Signature

Date

Please return this completed form, along with **copies** of any relevant documents, to the appropriate district office:

Manhattan District Office:
201 Varick Street, Suite 669
New York, NY 10014
Phone: (212) 367-7350
Fax: (212) 367-7356