

## PRIVACY RELEASE FORM

## OFFICE OF REPRESENTATIVE ADRIANO ESPAILLAT (NY-13)

Under the Privacy Act of 1974, federal agencies are prohibited from disclosing information from your files to anyone without your written authorization. By completing this form and signing the Privacy Act statement below, you are authorizing the federal agency involved to disclose information to U.S. Representative Adriano Espaillat and/or members of his staff. Such information will be kept confidential by them. You also affirm that this request for assistance is in no way an attempt to evade or violate any federal, state, or local law.

PLEASE COMPLETE AND RE	ETURN THIS FORM TO DISTRICT OFFICE	ASSIGNED TO HANDLE YOUR CASE
NAME: (Last)	(First)	MI:
ADDRESS:	CITY:	ZIP CODE:
PHONE:	EMAIL:	
DATE OF BIRTH:	SSN:	
AGENCY CASE NUMBER WH	HICH REFERENCES YOUR CASE:	
(For Example: \	Veterans Affairs Claim Number, Tax ID Numb	per, Passport Number, etc.)
PLEASE BRIEFLY EXPLAIN	ΓΗΕ ISSUE YOU ARE FACING:	
1 0	S.C. 552a (Privacy Act of 1974 P.L. 93-579), I es pertaining to me, or copies thereof, to U.S. I	
SIGNATURE:	DA	TE: