

Senator Chris Dodd
Information Release Form

Under the Privacy Act of 1974, your signature is required as authorization for Sen. Dodd to contact and work with federal agencies on your behalf. Please complete the following information, sign the form, and mail it to Senator Dodd's Wethersfield, CT. office.

Name: _____

Address: _____

City and Zip Code: _____

Daytime phone: () _____ Evening phone: () _____

Fax number: () _____ Email: _____

Social Security number: _____

Veteran Case Identification number, CSA number,

IRS number, INS number, or other relevant ID: _____

Federal agency you need help with: _____

Brief description of the problem (you may attach additional pages or copies of related documents):

I authorize the Office of United States Senator Chris Dodd to address the matter described above on my behalf and to receive any relevant information the Senator and his staff may need in their efforts to provide assistance to me.

Signature and Date

Please print and mail to: Senator Christopher J. Dodd
Putnam Park
100 Great Meadow Road
Wethersfield, CT 06109