

EDWARD J. MARKEY
7TH DISTRICT, MASSACHUSETTS

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Congress of the United States
House of Representatives
Washington, DC 20515-2107

PRIVACY RELEASE FORM

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Dear Congressman Markey or His Designated Agent:

I, the undersigned, hereby authorize the release of all pertinent information to and by Congressman Edward J. Markey to make an inquiry on my behalf.

PLEASE PRINT

NAME: _____

PHONE: _____

ADDRESS: _____

CITY AND STATE: _____ ZIP CODE: _____

AGENCY INVOLVED: _____

SOCIAL SECURITY/OTHER ID #: _____

BRIEF DESCRIPTION OF PROBLEM:
(attach additional sheets if necessary)

SIGNATURE _____

DATE _____

Please return this form to: Office of Congressman Edward J. Markey; 5 High Street, Suite 101; Medford, Massachusetts 02155; Attn: Patrick Lally or fax to: (781) 396-3220.