

CASE INFORMATION AND PRIVACY RELEASE FORM AUTHORIZATION

PLEASE PRINT

Name: _____
First Middle Last

Address: _____ Phone: **Home** _____

City and Zip Code: _____ **Cell** _____

Birthdate: _____ Social Security number: _____ **Work** _____

E-Mail: _____

Do you have a Section 8 Application pending? _____ If so, where? _____

Date filed: _____

Brief description of problem (**Please attach copies of all supporting documents**):

[Large greyed-out area for description of problem]

I authorize Congressman Bishop and his staff to receive any information that they may need in order to provide this assistance.

Signature Date

*Note: In order to comply with the provisions of the Privacy Act of 1974 and to be of assistance with claim(s), it is necessary that your signature be on file.

Please print and mail to: **Attention: Lisa Wieber**
District Office
Congressman Timothy Bishop
3680 Route 112
Coram, NY 11727
Fax: 696-4520