

**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: \_\_\_\_\_

Identification/Claim/Case Number: \_\_\_\_\_

Federal Agency you need help with: \_\_\_\_\_

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

\_\_\_\_\_

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: Casework**  
District Office  
Congressman Timothy Bishop  
3680 Route 112  
Coram, NY 11727  
Fax: 696-4520