

Congressman Elijah E. Cummings

Request for Assistance

Washington Office:	District Offices:		
2235 Rayburn H.O.B Washington, D.C. 20515 (202) 225-4741 Fax: (202) 225-3178	1010 Park Avenue Suite 105 Baltimore, MD 21201 (410) 685-9199 Fax: (410) 685-9399	754 Frederick Road Catonsville, MD 21228 (410) 719-8777 Fax: (410) 455-0110	8267 Main Street Room 102 Ellicott City, MD 21043 (410) 465-8259 Fax: (410) 465-8740
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Staff Contact: _____ **Office:** _____

Instructions:

Please complete the following information and return this form to the office listed above.

Name: _____

SS#: _____

Address: _____

Date of Birth: _____

City, State, Zip: _____

Email Address: _____

Phone (H): () _____

Phone (W): () _____

NOTICE: THE PRIVACY ACT OF 1974 REQUIRES THAT WRITTEN CONSENT BE OBTAINED FROM THE CONSTITUENT BEFORE INFORMATION CAN BE OBTAINED FROM RECORDS WITH A GOVERNMENT AGENCY. IN ORDER THAT I MIGHT ACT ON YOUR BEHALF, I WOULD APPRECIATE YOUR SIGNING AND RETURNING THE FOLLOWING STATEMENT TO ME. (IF YOU ARE INQUIRING ON BEHALF OF SOMEONE OTHER THAN YOURSELF, THAT INDIVIDUAL WILL NEED TO SIGN THIS PRIVACY RELEASE FORM).

Dear Congressman Cummings:

This is to authorize you to secure information as you may deem necessary pertaining to my request for your assistance.

SIGNATURE

DATE

Nature of Problem/Agency Involved:
