



PRIVACY ACT AUTHORIZATION

I hereby authorize Congressman Maurice Hinchey to request and receive information from the appropriate federal agency or agencies pertaining to the case described below.

NAME: _____ DATE OF BIRTH: _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE: (Home) _____ (Work) _____

(If no telephone number, please give number where you can be reached.)

EMAIL: _____

List any or all identifying numbers which might apply to your situation.

SOCIAL SECURITY: _____ VA: _____

IMMIGRATION "A" NUMBER: _____ DATE FILED: _____

CASE NUMBER: _____ OTHERS: _____

Briefly state the nature of your problem (be specific): _____

Briefly state the outcome you are seeking: _____

(If you need more space, please use another sheet of paper)

SIGNATURE: _____ DATE: _____