Office of Senator Chris Dodd Information Release Form — Privacy Act of 1974

Under the Privacy Act of 1974, your signature is required as authorization for Senator Dodd to contact and work with federal agencies on your behalf. Please complete the following information, sign the form, and mail it to Senator Dodd's Hartford, CT office.

| Name: | | |
|---|---|--------|
| Address: | | _ |
| City and Zip Code: | | |
| Daytime phone: () | Evening phone: () | _ |
| Fax number: () | Email: | |
| Social Security number: | | |
| Veteran Case Identification number, IRS number, INS number, or other re | CSA number, elevant ID: | _ |
| Federal agency you need help with: _ | | |
| Brief description of the problem (you | n may attach additional pages or copies of related docum | ents): |
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| | | |
| | es Senator Chris Dodd to address the matter receive any relevant information the Senator s to provide assistance to me. | |
| Signature and Date | | |

Please print and mail to:

U.S. Senator Christopher J. Dodd 30 Lewis St Suite 101 Hartford, CT 06103