



LOUISE M. SLAUGHTER  
CONGRESS OF THE UNITED STATES  
28TH DISTRICT, NEW YORK

DISTRICT OFFICES:

3120 FEDERAL BUILDING  
100 STATE STREET  
ROCHESTER, NY 14614  
(585) 232-4850

465 MAIN STREET, SUITE 105  
BUFFALO, NY 14203  
(716) 853-5813

1910 PINE AVENUE  
NIAGARA FALLS, NY 14301  
(716) 282-1274

Website: <http://www.louise.house.gov>

**The Privacy Act of 1974** prohibits federal agencies from releasing personal information about an individual without that individual's expressed written consent. In order for me to be of assistance to you, please complete and return this form as soon as possible.

Mail the completed form to my Rochester, NY District Office at: 3120 Federal Building, Rochester, NY 14614.

I, \_\_\_\_\_, authorize  
(Print your name)

Congresswoman Louise M. Slaughter to obtain any information she may request from

\_\_\_\_\_  
(Agency/Agencies)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Social Security or Claim Number: \_\_\_\_\_

Brief Explanation of Problem: \_\_\_\_\_

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