

Mail or Fax To:

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REV 3.18.2010 MCC

WEBSITE RLEASE OF INFORATMION FORM

The Privacy Act of 1974 requires written consent from the individual/constituent before Congresswoman DeLauro can obtain information from government agencies on your behalf. Please complete and sign this form and return it to Congresswoman DeLauro's office.

PLEASE TYPE OR PRINT Mr. Mrs. Mss. Miss Dr. Honorable Other		
Name:	Phone:Work/Cell:	
Address:	Email:	
Address:	Social Security Number:	
City: State: Zip:	Date of Birth:	/
Please check the corresponding box below:		
□Child Support □Grants □Health Insurance □Housing □	Immigration □Medicare	Office Use Only:
□Military / Veterans Affairs □Social Security □Other:		Intake Staff:
Relevant Number(s) (i.e. case#, claim#, receipt#, Medicare card#, Medicare Plan ID# etc):		Date:/
		CAID:
		Case Code:
Have you contacted any other elected official to assist with your issue(s) or concern(s)? ☐ YES ☐ NO		AFFL:
Name:		Remarks:
Do you currently have an attorney working with you? ☐ YES ☐ NO Attorney:Phone:		
Please provide us with the details of your issue(s) and or concern(s)) and with which federal agency:	
I authorize the office of Congresswoman DeLauro to	Third-Party Authorization (Complete only if you are designating the person named below to give or receive information about your situation.)	
address the matter described above on my behalf and receive all relevant information the Congresswoman and	□ Mr. □ Mrs. □ Miss □ Dr. □ Honorable □ Other	
have Staff may need in their efforts to avoyide assistance to		Relationship To You:
me.	Address: Phone:	
Signature Date	Signature Please Note: Third-Party does not have auth	Date norization to make binding decisions unless
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documented Power of Attorney information is provided.