

**Office of Congressman Christopher S. Murphy
Information Release Form**

Under the Privacy Act of 1974, your signature is required for Congressman Murphy to contact federal agencies and private institutions on your behalf. Please complete and sign this form before returning it to Congressman Murphy's office.

Name: _____

Address: _____

City and Zip Code: _____

Daytime: () _____ (work / home, circle one) **Fax:** () _____

Evening: () _____ (work / home, circle one) **Cell:** () _____

E-mail: _____

Social Security Number: _____ **Date of Birth:** _____

Identification or Case Number: _____

Federal agency you need help with: _____

Nature of issue: _____

I authorize the Office of Congressman Christopher S. Murphy to address the matter described above on my behalf and to receive any relevant information the Congressman and his staff may need in their efforts to provide assistance to me:

Signature

Date

Please print and mail to:
**Congressman Chris S. Murphy
114 West Main Street, Suite 206
New Britain, CT 06051**