

**Your signature on this document is required for assistance**

## **Privacy Release Form Congresswoman Nan Hayworth (NY-19)**

Under the Privacy Act of 1974, Federal Agencies are prohibited from releasing any information regarding an individual without written consent. Therefore, I hereby give you and your staff permission to make inquiries into my records kept by the:

(List the Federal Agency Here) \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Veterans Claim Number (if applies) \_\_\_\_\_

Military Identification Number (if applies) \_\_\_\_\_

Other numbers identifying my case \_\_\_\_\_

Types of benefits I am seeking \_\_\_\_\_

Date and Place claim was filed \_\_\_\_\_

Please write a brief description of the problem with which you are requesting assistance (attach **copies** of additional documentation):

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

Please submit form to:  
**Office of Congresswoman Nan Hayworth, MD**  
**2 Summit Ct Suite 103 Fishkill, NY 12524**  
**Phone: (845) 206-4600 Fax: (866) 921-3842**

**255 Main St Rm 3232G Goshen, NY 10924**  
**Phone: (845) 291-4100 Fax: (845) 291-4146**