

Congressman Jerrold Nadler

Privacy Release

Because of federal law, in many cases you will be required to submit a consent form prior to requesting my assistance. Please contact my district offices if you have any questions about the privacy release.

Name:	M F (check one)
Street Address:	
City:	State: NY Zip:
Telephone: (work) () -	State: NY Zip: (home) ()
Case # or claim # (if applicable):	
government agency from releasing in without my knowledge or permission Nadler and members of his staff to of	LOW: 1974, 5 U.S.C. 552(a) et seq. prohibits any aformation they may have in my name a. I hereby authorize Congressman Jerrold btain such information from government purpose of investigating and resolving the
Signature	Date
	along with copies of any relevant rict office:
11 1	
Manhattan District Office:	Brooklyn District Office:
201 Varick Street, Suite 669	445 Neptune Avenue
New York, NY 10014	Brooklyn, NY 11224
Phone: (212) 367-7350	Phone: (718) 373-3198
Fax: (212) 367-7356	Fax: (718) 996-0039