

Representative AnnMarie Buerkle
James Hanley Federal Building
100 So. Clinton Street P.O. Box 7306 Rm 1340
Syracuse, NY 13261

Privacy Consent and Information Form

NAME: _____ Date of Birth ____/____/____

Current Physical Address: _____

E-mail _____

Telephone Numbers: (Home) _____ (Work/Cell) _____

List any or all identifying numbers that might apply to your situation:

Social Security Number: _____ VA Claim: _____

Immigration "A" Number: _____ Case Number: _____

Date Filed: _____ Other: _____

Please Note: The Privacy Act of 1974 requires that Members of Congress or their staff have written authorization before they can obtain information about an individual's case. We must have your signature below to proceed with any casework inquiries.

Explanation of Problem:

Outcome you are seeking:

I hereby declare that I am currently a resident of the 25th Congressional District and the above information is truthful and complete to the best of my knowledge. In addition, if it is found that the above information is not truthful and complete, my case will be closed and no further action will be taken on behalf by Congresswoman Ann Marie Buerkle and /or his staff.

Signature _____

Date: ____/____/____