Mail or Fax To:

59 Elm Street, Suite 205 New Haven, CT 06510-2036

Tel: (203) 562-3718 Fax: (203) 772-2260

WEBSITE RELEASE OF INFORMATION 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. Ms. 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 □		Office Use Only:
□Military / Veterans Affairs □Social Security □Other:		Intake Staff:
Have you contacted any other elected official to assist with your iss Name: Do you currently have an attorney working with you? ☐ YES ☐ NO Attorney: Phone:)	AFFL:
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 address the matter described above on my behalf and receive all relevant information the Congresswoman and her Staff may need in their efforts to provide assistance to me.	Third-Party Authorization (Complete only if you are designating the person named below to give or receive information about your situation.) Mr. Mrs. Ms. Miss Dr. Honorable Other Relationship To You: Address: Phone:	
	Sionature	