



**LOUISE M. SLAUGHTER**  
**CONGRESS OF THE UNITED STATES**  
**25TH DISTRICT, NEW YORK**

**The Privacy Act of 1974** prohibits federal agencies from releasing personal information about an individual without that individual's expressed written consent. In order for me to be of assistance to you, please complete and return this form as soon as possible.

Mail the completed form to my Rochester, NY District Office at: 3120 Federal Building, Rochester, NY 14614.

I, \_\_\_\_\_, authorize  
(Print your name)  
Congresswoman Louise M. Slaughter to obtain any information she may request from

\_\_\_\_\_  
(Agency/Agencies)

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Social Security or Claim Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Brief Explanation of Problem: \_\_\_\_\_  
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