

**Office of Congressman Joe Kennedy III**  
**4<sup>th</sup> Congressional District**  
**Commonwealth of Massachusetts**



**RELEASE OF INFORMATION**

Federal agencies are prohibited from releasing information concerning an individual to a third party under the Privacy Act of 1974. Please complete and sign this form, which will allow information regarding your request or concern to be released to the office of Congressman Joe Kennedy III.

**PLEASE COMPLETE STEPS 1 – 4**

**STEP 1: CONTACT INFORMATION**

Full Name: \_\_\_\_\_

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

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

Email Address (if applicable): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

**STEP 2: SIGNATURE FOR RELEASE**

This shall serve as authorization under Public Law 93-579, the Privacy Act, or other applicable privacy laws and guidelines including those privacy laws covered by the Health Insurance Portability and Accountability Act (HIPAA), to allow any agency or department to provide Congressman Kennedy and his staff with information that may be confidential. This authorization is given in connection with constituent services that Congressman Kennedy and/or his staff is providing to the below signed.

I, \_\_\_\_\_, hereby authorize the office of Congressman  
(PRINT FULL NAME)  
Kennedy to act on my behalf and waive all rights in the release of any and all related information and records.

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

**STEP 3: PLEASE ATTACH A SHORT LETTER REGARDING THE NATURE OF YOUR REQUEST, PROBLEM, OR CONCERN. PLEASE ALSO PROVIDE IDENTIFYING CASE NUMBERS AND ATTACH COPIES OF ANY RELEVANT DOCUMENTS OR NOTICES.**

**STEP 4: PRINT AND SIGN THE FORM THEN MAIL THE FORM WITH ANY ADDITIONAL DOCUMENTS TO:** You can also fax your form and information to: (617-332-3308)

Office of Congressman Joe Kennedy III  
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