

## CONGRESSMAN JIM MCGOVERN'S RELEASE OF INFORMATION

The Privacy Act of 1974, Title 5, U.S. Code Section 552a, provides that as of September 27, 1975, disclosure of information of a personal or confidential nature of an individual will no longer be released to third parties without written consent of the individual concerned. Therefore, I hereby grant the Office of Congressman Jim McGovern my written permission to intercede on my behalf. I also duly authorize that any information which is contained in my records and necessary to provide a substantive response may be disclosed to Congressman McGovern's Office.

First:	Last:	
Street Address:		
City:	State:	Zip Code:
Email Address:		
Home Phone:	Work Phone:	
Mobile Phone:	Fax:	
Social Security Number:	Date	of Birth:/ /
	TER REGARDING THE NATURE ( TTACH COPIES OF ANY RELEVAL	OF YOUR REQUEST, PROBLEM OR NT DOCUMENTS OR NOTICES.
have not signed this form on behalf of a rue and accurate to the best of my know	m requesting personal assistance from C nother individual. I further acknowledge vledge. I authorize Congressman James relating to my request for assistance. I un	e that all the information I have provided i P. McGovern and his staff to obtain my
Name:		Date:/ /
By providing this electronic	c signature it is my intent to execute a	·
PLEASE RETURN	THIS FORM AND ALL SUPPORTI	ING MATERIAL TO:
Congressman Jim McGovern 24 Church Street, Room 29	Congressman Jim McGovern 12 East Worcester Street, Suite 1	94 Pleasant Street
Leominster, MA 01453	Worcester, MA 01604	Northampton, MA 01060
Phone: 9784663552	Phone: 5088317356	Phone: 4133418700
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