



**PRIVACY RELEASE FORM**

# Tim Murphy

**U.S. Congressman for the 18<sup>th</sup> District of Pennsylvania**

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2332 Rayburn House Office Building, Washington, DC 20515 (202) 225-2301 phone (202) 225-1844 fax  
504 Washington Road, Pittsburgh, PA 15228 (412) 344-5583 phone (412) 429-5092 fax  
2040 Frederickson Place, Greensburg, PA 15601 (724) 850-7312 phone (724) 850-7315 fax

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Dear Friend:

Thank you for your request that I contact a Federal Agency on your behalf for information or assistance. In order to access and disseminate personal information, written permission from the individual is required under the Privacy Act of 1974.

If the person whose file is involved will please sign the release form below and mail it to my office at 504 Washington Road, Pittsburgh, PA 15228 or fax it to 412-429-5092, I (or one of my staff) will make the appropriate inquiries.

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NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE ( \_\_\_\_\_ ) \_\_\_\_\_ CELL ( \_\_\_\_\_ ) \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

CLAIM OR I.D. NUMBER (if appropriate) \_\_\_\_\_

FEDERAL AGENCY INVOLVED \_\_\_\_\_

PROBLEM OR ASSISTANCE NEEDED \_\_\_\_\_

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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_