



INFORMATION RELEASE
Office of Congressman John B. Larson (CT-01)

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The Privacy Act of 1974 requires written consent before information can be obtained from a government agency.

Form with fields for Name, Address, City/State/Zip, Phone, Work/Cell, Email, Date of Birth, Relevant Case #, Medicare #, VA Claim #, Social Security #, and a checkbox for e-newsletter sign-up.

Briefly describe your case and what specific action you are seeking:

Three horizontal lines for describing the case and action sought.

Federal Department/Agency Involved:

Form with two columns: 'Please list other elected officials working on this issue:' and 'What is the current status of your case?'. Includes a question 'Do you have an attorney working on your case?' with Yes/No options.

I, (print your name) certify, under penalty of perjury, that I 1) provided or authorized all of the information in this privacy release form and any document submitted with it; 2) reviewed and understand all of the information contained in my privacy release form and submitted with it; and 3) all of this information is complete, true, and correct. I authorize any relevant government agency to release information contained in my records as it pertains to my case status, and to the extent permitted by law, to Rep. Larson Larson and his staff.

Signature Date (wet signature of primary constituent receiving assistance is required – electronic and third-party signatures not accepted)

Third-Party Authorization

(complete only if you are designating the person named below to give or receive information about your situation)

NAME:

RELATIONSHIP TO YOU:

EMAIL ADDRESS:

PHONE: