



# Congressman Jerrold Nadler

## Privacy Release

Because of federal law, in many cases you will be required to submit a consent form prior to requesting my assistance. Please contact my district offices if you have any questions about the privacy release.

Name: \_\_\_\_\_ M  F  Other  (check one)  
Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: NY Zip: \_\_\_\_\_ - \_\_\_\_\_  
Telephone: (work) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (home) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Case # or Claim # (if applicable): \_\_\_\_\_  
Federal Agency Involved: \_\_\_\_\_

### PLEASE READ AND SIGN BELOW:

I understand that the Privacy Act of 1974, 5 U.S.C. 552(a) *et seq.* prohibits any government agency from releasing information that they may have in my name without my knowledge or permission. I hereby authorize Congressman Jerrold Nadler and member of his staff to obtain such information from government agencies as may be required for the purpose of investigating and resolving the concerns I have set forth herein.

I certify, under penalty of perjury, that 1) I provided or authorized all of the information in this privacy release and any document submitted with it; 2) I reviewed and understand all of the information contained in my privacy release and submitted with it; and 3) all of this information is complete, true, and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return this completed form, along with **copies** of any relevant documents, to the appropriate district office:

**Manhattan District Office:**  
201 Varick Street, Suite 669  
New York, NY 10014  
Phone: (212) 367-7350  
Fax: (212) 367-7356