## CONSTITUENT INFORMATION FORM AND PRIVACY RELEASE FOR CONGRESSWOMAN CAROLYN B. MALONEY

Name:				MF(check one)	
Street Addre	ess:				
City:			State: NY	Zip:	
Telephone: (	(work) ()	(he	ome) ()		
E-mail address:				Birth Date:	//
•		umbers that apply migration "A" #, (	•		
_	tion cases only – ) – check all that	- answer the next apply:	4 questions, all	of which appear	in italics below-
□G -639 □I-140 □I-539 □I-612 □I-824	□I-90 □I-212 □I-589 □I-690 □I-829	□I-129 □I-290B □I-590 □I-730 □I-914 (Supplement A, B, or C)	□I-129F □I-360 □I-600A □I-751 □I-918	□I-130 □I-485 □I-600 □I-765 □I-924	□I-131 □I-526 □I-601 □I-821 □I-929
	□N-600	N-565	□N-644		
Date of filing	g:				
Place of filin	ng:				
Place of birt	h:				
well as any	names, dates or of the petitioner of	contact numbers y	ou think may h	elp the Congres	you have filed, as swoman's inquiry. ave that individual

PLEASE READ AND SIGN BELOW:	
I understand that the Privacy Act of 1974, 5 U.S.C. 552(a) <i>et seq.</i> prohibits agency from releasing information they may have in my name without my permission. I hereby authorize Congresswoman Carolyn Maloney and member obtain such information from government agencies as may be required for investigating and resolving the concerns I have set forth herein. I certify, to perjury, that 1) I provided or authorized all of the information in this privacy document submitted with it; 2) I reviewed and understand all of the information of in my privacy release and submitted with it; and 3) all of this information is concerned.	y knowledge or rs of her staff to the purpose of under penalty of release and any contained
Signature (signature must be signed by hand in ink)  Date	
Please return to: Congresswoman Carolyn B. Maloney, 1651 Third Avenue, Suite 3	11, New York, NY

Please return to: Congresswoman Carolyn B. Maloney, 1651 Third Avenue, Suite 311, New York, NY 10128