



## Privacy Release Form Office of Congressman Patrick J. Murphy

The Privacy Act of 1974 requires written consent from the constituent before information can be obtained from a government agency's records.

NOTE: Members of Congress are empowered to help constituents interact with agencies and offices of the federal government and other entities. Although Members and their staff cannot force an agency to expedite your case or act in your favor, they can frequently intervene to facilitate the processes involved, encourage an agency to give your case consideration and sometimes advocate for a favorable outcome.

**Full Name** ( Mr.  Mrs.  Ms.) \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Social Security Number** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Email Address** \_\_\_\_\_

I prefer to be contacted by:  Home Phone  Work Phone  Cell Phone  Email

Federal Agency Category:

- Military       Dept. of State (Visas)       Passport       Social Security
- Veterans       Dept. of Transportation       Medicare       U.S. Postal Service
- HUD       Dept. of Education       Dept. of Labor       Dept. of Justice
- IRS       Immigration      A# or Application #: \_\_\_\_\_

Other (please specify) \_\_\_\_\_

Please identify other Senate or Congressional Offices you have on contacted about this issue:

Senator(s) \_\_\_\_\_ Representative(s) \_\_\_\_\_

*The following information is required.*

Please briefly explain your problem and add copies of any relevant documentation:

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Please state how you would like Congressman Murphy to help you and what your desired result would be.

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**Due to the Privacy Act of 1974 (Public Law 93-597), Federal and State government agencies are prohibited from releasing any information or discussing regarding another individual without that individual's written permission. Your signature on this page authorizes me, as your Congressman, or an authorized member of my staff to contact the proper officials on your behalf, discuss the matter, and receive any pertinent information.**

I authorize Congressman Patrick Murphy and his staff to grant and obtain personal records, files and information about me pertaining to my request for assistance. I understand that I may revoke this authorization at any time.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*Signature of primary constituent receiving assistance – Third party signatures can not be accepted.*

**Please return this form to one of my District offices:**

**Bristol Office**

Congressman Patrick J. Murphy  
414 Mill Street  
Bristol, PA 19007  
Phone: (215) 826-1963  
Fax: (215) 826-1997

**Doylestown Office**

Congressman Patrick J. Murphy  
72 North Main Street  
Doylestown, PA 18901  
Phone: (215) 348-1194  
Fax: (215) 348-1449