

# REP. CAROLYN B. MALONEY



Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: NY Zip: \_\_\_\_\_ - \_\_\_\_\_

Telephone: (work) (\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_) (home) (\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_ Birth Date: \_\_/\_\_/\_\_\_\_

List any and all identifying numbers that apply to your situation:

\_\_\_\_\_

Briefly describe the nature of the assistance you are requesting (list any forms you have filed, as well as any names, dates or contact numbers you think may help the Congresswoman's inquiry. If you are not the petitioner or are writing on behalf of someone else, please have that individual sign this form as well):

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I understand that the Privacy Act of 1974, 5 U.S.C. 552(a) et seq. prohibits any government agency from releasing information they may have in my name without my knowledge or permission. I hereby authorize Congresswoman Carolyn Maloney and members of her 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.

\_\_\_\_\_  
Signature (signature must be signed by hand in ink) \_\_\_\_\_ Date \_\_\_\_\_