

Office of Senator Christopher S. Murphy
Information Release Form

Under the Privacy Act of 1974, your signature is required for Senator Murphy to contact federal agencies and private institutions on your behalf. Please complete and sign this form before returning it to Senator Murphy's office.

Name: _____

Address: _____

City and Zip Code: _____

Phone Number: () _____ (home / work / cell – circle one)

E-mail: _____

Country of Birth: _____ Date of Birth: _____

Receipt/Case Number: _____ A Number: _____

Federal Agency you need help with: _____

Have you contacted any other Congressional Offices? Yes No

• If yes, which office(s)? _____

Nature of Issue: _____

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.

I authorize all federal and state agencies to release any information in their records to the Office of Senator Christopher S. Murphy on my behalf.

Signature

Date

Please print and mail to:
Senator Christopher S. Murphy
120 Huyshope Avenue, Suite 401
Hartford, CT 06106
Fax: 860-524-5091