

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: \_\_\_\_\_

Daytime: (      ) \_\_\_\_\_ (home / work / cell – circle one)

Evening: (      ) \_\_\_\_\_ (home / work / cell – circle one)

E-mail: \_\_\_\_\_

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

Identification or Case 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 authorize the Office of Senator Christopher S. Murphy to address the matter described above on my behalf and to receive any relevant information the Senator and his staff may need in their efforts to assist me:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please print and mail to:

**Senator Christopher S. Murphy**  
**One Constitution Plaza, 7<sup>th</sup> Floor**  
**Hartford, CT 06103**  
**Fax: 860-524-5091**