## **Privacy Act Release Form**

The Privacy Act of 1974 (5 U.S.C. § 552a) requires that Members of Congress or their staff have written authorization before they can obtain information about an individual's case. Please fill out this form so the Office of Congressman Auchincloss can assist you in the matter(s) listed below.

**NOTE:** Members of Congress and their staff cannot order a federal agency to expedite your case or decide a matter in your favor. Our office, however, may be able to help you get a prompt response and resolution.

Pronouns:	Title:	
First Name:	Last Name:	
Street Address:		
City:		
Email Address:		Sign up for e- newsletter
Phone Number(s):		
Social Security Number:		/ /
Your Social Security Number (SSN) will only		ncy in order to inquire in matters

Your Social Security Number (SSN) will only be shared with the authorized federal agency in order to inquire in matters related to your case.

What federal agency or department(s) does this issue involve?

## Please briefly explain your problem and how you would like Congressman Auchincloss to assist you.

Please provide as much information as possible including case or file numbers, provide copies of any correspondence or documentation you might have regarding this matter, and include your desired outcome.

Please attach a short letter if you require additional space.

By signing this document, I request the assistance of the Office of Representative Jake Auchincloss to attend the matter described above. I authorize the Office of Representative Jake Auchincloss to receive any information that they might need to provide this assistance. The information I have provided to the Office of Representative Jake Auchincloss is true and accurate to the best of my knowledge and belief. The assistance I have requested from the Office of Representative Jake Auchincloss is in no way an attempt to evade or violate any federal, state, or local law. <u>I understand that I may revoke this authorization at any time.</u>

## Signature:





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