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:	State:	Zip:
Email Address:		Sign up for e- newsletter
Phone Number(s):		
Social Security Number:		
Your Social Security Number (SSN) will only be related to your case.	shared with the authorized federal ag	gency in order to inquire in matters
What federal agency or departme	ent(s) does this issue invo	olve?
Please briefly explain your proble	em and how you would lik	ce Congressman
Auchincloss to assist you.	•	
Please provide as much information as possible documentation you might have regarding this matte	-	de copies of any correspondence or
	Please attach a sho	ort letter if you require additional space.
By signing this document, I request the assistant described above. I authorize the Office of Represe provide this assistance. The information I have proto the best of my knowledge and belief. The assist is in no way an attempt to evade or violate any feed any time.	entative Jake Auchincloss to receive ar ovided to the Office of Representative J tance I have requested from the Office	ny information that they might need to Jake Auchincloss is true and accurate e of Representative Jake Auchincloss
Signature:	Date:	









Phone: (617) 332-3333