



CONSENT FOR RELEASE OF INFORMATION
Office of Congresswoman Jahana Hayes

Phone: (860) 223-8412 / Website: hayes.house.gov / Fax: 1-877-568-9290

Please complete this form and return to:
108 Bank Street, 2nd Floor, Waterbury, CT 06702

The Privacy Act of 1974 requires written consent before information can be obtained from a government agency.

Name: _____ Email: _____
Address: _____ [] Check here to sign up for Rep. Hayes' e-newsletter
City/State/Zip: _____ Date of Birth: ____/____/____
Phone: _____ Social Security Number: ____-____-____

Briefly describe your case and what specific action you are seeking:

Please list other elected officials working on this issue: _____
What is the current status of your case? (If known) _____
Do you have an attorney working on your case?
[] Yes [] No

I, (print your name) _____ certify, under penalty of perjury, that I 1) provided or authorized all of the information in this privacy release form and any document submitted with it; 2) reviewed and understand all of the information contained in my privacy release form and submitted with it; and 3) all of this information is complete, true, and correct. I authorize any relevant government agency to release information contained in my records as it pertains to my case status, and to the extent permitted by law, to Representative Congresswoman Jahana Hayes and her staff.

Signature _____ Date _____

Third-Party Authorization

(Complete only if you are designating the person named below to give or receive information about your situation.)

NAME: _____ RELATIONSHIP TO YOU: _____

EMAIL ADDRESS: _____ PHONE: _____