



CONSENT FOR RELEASE OF INFORMATION
Office of Congresswoman Jahana Hayes

Phone: (860) 223-8412 / Website: hayes.house.gov

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 \_\_\_\_\_
(Wet signature of primary constituent receiving assistance is required - Third party signatures are not accepted)

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: \_\_\_\_\_