

# PRIVACY RELEASE FORM

I hereby authorize Congressman Steve Israel to request on my behalf, pertinent to the Freedom of Information and Privacy Act, access to information concerning me in the files of:

\_\_\_\_\_  
*(Department or Agency)*

Congressman Israel is also authorized to see any materials that may be disclosed to that request, and to speak on my behalf.

NAME: \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Current Mailing Address: **(NO PO BOXES)** \_\_\_\_\_

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

Telephone Numbers: (Home) \_\_\_\_\_ (Work/Cell) \_\_\_\_\_

**List any or all identifying numbers that might apply to your situation:**

Social Security Number: \_\_\_\_\_

**Briefly state the nature of your problem (be specific):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Briefly state the outcome you are seeking:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(If you need more space, please use another sheet of paper)*

I hereby declare that the above information is truthful and complete to the best of my knowledge. In addition, if it is found that the above information is not truthful and complete, my case will be closed and no further action will be taken on behalf by Congressman Steve Israel and /or his staff.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**District Representative** \_\_\_\_\_

**Please return this form along with all pertinent documentation**

**Congressman Steve Israel  
150 Motor Parkway  
Suite 108  
Hauppauge, NY 11788  
Phone (631) 951-2210  
Fax (631) 951-3308**