

PRIVACY RELEASE FORM

The Privacy Act of 1974 requires that Members of Congress and their staff have written authorization before they can obtain information about an individual's case. We must have your signature to proceed with a casework inquiry.

Name: _____

Address: _____

City, State & Zip: _____

Phone: _____ E- Mail: _____

Date of Birth: _____ SSN: _____

If applicable-- numbers identifying case in process: _____

I, _____ authorize the
(Name of Federal Agency) _____ to release
personal information to Congressman Chris Collins, United States Representative. I authorize
Rep. Collins to request, and have access to, all records and reports pertinent to this inquiry.

Nature of problem: _____

Desired resolution: _____

Signature: _____ Date: _____

Please return your Privacy Release Form along with **copies of any supporting documentation** to the
Congressman's Office at one of the following:

Office of Congressman Chris Collins

Attn: Alexandra Gould
2813 Wehrle Drive, Suite 13
Williamsville, NY 14221

Alex.Gould@mail.house.gov
Phone: (716) 634 2324
Fax: (716) 631 7610

For Official Use Only

***This Release Form Expires Upon Completion of Above Case with Congressman Chris Collins' Office*