



REPRESENTATIVE JAMIE RASKIN

Maryland's 8th Congressional District

CONSENT FOR RELEASE OF INFORMATION

The PRIVACY ACT of 1974 requires that written consent be obtained from a constituent before information from federal agency records can be disclosed. In order for Representative Raskin to conduct an inquiry on your behalf, you must complete and sign the following statement. If you are inquiring on behalf of another individual, that individual must sign this release.

PERSONAL INFORMATION *(Please print)*

Your Full Name: Last Name, First Name, Middle Initial	Date of Birth (MM/DD/YYYY):
Street Address:	Email address:
City, State and ZIP Code:	Phone Number:

<input type="checkbox"/> Social Security <input type="checkbox"/> Medicare <input type="checkbox"/> Veterans Affairs <input type="checkbox"/> IRS <input type="checkbox"/> OPM	<input type="checkbox"/> Other Concern/Agency:
Social Security Number: (do not include for immigration issues)	Medicare Number:
Branch of the Military (if applicable):	Case number/description:

Have you contacted another elected official about this issue? Yes No

If so, who? _____

What resolution are you seeking? (Use a separate sheet of paper if more space is needed)

I hereby authorize any relevant entity or Federal Agency to release personal information to Representative Jamie Raskin and his staff relevant to the matter described on this form. I authorize Representative Jamie Raskin to request and have access to all records and reports pertinent to my request for assistance.

_____	_____	_____
Print Constituent's Name	Constituent's Signature	Date

RETURN TO: REPRESENTATIVE JAMIE RASKIN, ATTN: CONSTITUENT SERVICES
51 Monroe St., Suite 503, Rockville, MD 20850, PHONE: (301) 354-1000 EMAIL: Raskin.Casework@mail.house.gov