

Office of U.S. Senator Richard Blumenthal
Information Release Form



*****In accordance with the Privacy Act of 1974, your signature is required for Senator Blumenthal to contact appropriate federal agencies on your behalf*****

Please note the person requesting assistance must sign this form.

Today's Date _____ Have you contacted another office for assistance? _____
{If so, please list what office}

Name: _____
First Middle Last

Mailing Address: _____

E-mail: _____ Date of Birth: _____

Work: _____ Cell: _____ Home: _____

Federal Agency you need assistance with: _____

Case number or Social Security number, if applicable: _____
A social security number is required by certain federal agencies

Describe the nature of the issue and how you would like Senator Blumenthal to assist you.
{Please list any people (attorney, family, friends, etc.) you give the office permission to speak with about your case}

I hereby authorize the Office of Senator Richard Blumenthal and his staff to make inquiries into my personal records and/or files, and to obtain information about me pertaining to my request for assistance. The information I have provided is true and accurate to the best of my knowledge.

Signature _____ Date _____

Please complete and mail or fax this form to:
Senator Richard Blumenthal
90 State House Square, 10th Floor, Hartford, CT 06103
Phone: 860-258-6940 Fax: 860-258-6958 Email: casework@blumenthal.senate.gov