

Privacy Act Release Form

The Privacy Act of 1974, Title 5, U.S. Code Section 552a, provides that as of September 27, 1975, disclosure of information of a personal or confidential nature of an individual will no longer be released to third parties without written consent of the individual concerned. Therefore, I hereby grant the Office of Congressman Seth Moulton my written permission to intercede on my behalf. I also duly authorize that any information which is contained in my records and necessary to provide a substantive response may be disclosed to Congressman Moulton's Office.

All contact and personal information provided below should be for the constituent in need of assistance, not an individual assisting them in their request. If completing this paperwork on behalf of the constituent, please attach your contact information and relation to constituent.

First: _____ Last: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Email Address: _____

Other ID # (VA Claim Number, USCIS Receipt Number, etc.): _____

Social Security number #: _____ Are you a veteran? ☐ Yes ☐ No

What federal agency or department does this issue involve? Please list all that apply.

Are you working with any attorney, other Congressional or elected office, or Veterans Service Officer about your case? ☐ Yes ☐ No

If yes, which office or Officer? _____

**Please provide a brief description of the case and the type of assistance needed
(you are also welcome to attach a description):**

What is your desired outcome?

I, the undersigned, acknowledge that I am requesting assistance from the office of Congressman Seth Moulton. I further acknowledge that all the information I have provided is true and accurate to the best of my knowledge. I authorize Congressman Moulton and his staff to obtain my personal records, files and information and act on my behalf with any and all agencies necessary to resolve the matters listed. By providing this signature it is my intent to execute and adopt this Privacy Release.

If completing this form for yourself:

Name (Printed): _____ Date: _____

Signature: _____

If completing this form on behalf of someone else (as Power of Attorney, parent/guardian or representative payee etc.): Documentation of your legal authority to act on the constituent's behalf must also be attached.

Name: _____ as _____ for/of _____
 Your name Your legal status Name of constituent

Date: _____ Signature: _____

PLEASE SIGN AND RETURN TO:
Office of U.S. Rep. Seth Moulton
21 Front Street Salem, MA 01970
Phone: (978)-531-1669 Fax: (978) 224-2270