

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 Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____

Social Security Number: _____ Date of Birth: _____

Social Security number is only needed for Social Security, Medicare/Medicaid, IRS, student loan, or Office of Personnel Management cases.

What federal agency or department does this issue involve?

PLEASE ATTACH A SHORT LETTER REGARDING THE NATURE OF YOUR REQUEST, PROBLEM OR CONCERN. PLEASE ALSO ATTACH COPIES OF ANY RELEVANT DOCUMENTS OR NOTICES.

Please sign and date on reverse side

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.

If completing this form for yourself:

Name: _____ Date: _____

If completing this form on behalf of someone else (as Power of Attorney, parent/guardian or representative payee etc.):

Name: _____ as _____ for/of _____
Your name *Name of constituent*

Date: _____

By providing this signature it is my intent to execute and adopt this Privacy Release.

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