Office of Senator Richard Blumenthal
Information Release Form

**Under the Privacy Act of 1974, your signature is required for Senator Blumenthal to contact federal agencies and private institutions on your behalf.

Name: _____
(Please include all parties associated with account)

Property Address: _____

City and Zip Code: _____

Daytime: ( ) _____ (work/home, circle one) Fax: ( ) _____

Evening: ( ) _____ (work/home, circle one) Cell: ( ) _____

E-mail: _____

Last Four Digits of Social Security Number: _____ Date of Birth: _____

Circle One:

- Are you in foreclosure? ... … … … … … … Yes No
- Are you in court mediation? ... … … … … … Yes No
- Are you seeking a mortgage modification or refinance? … … … Yes No
- Have you contacted your lender and requested assistance? … … Yes No
    - If yes, what steps have you taken regarding this request?

      _____
- Have you contacted any other Congressional offices? Yes No
    - If yes, which offices?

      _____
- Have you contacted any federal agencies regarding this concern? Yes No
    - If yes, which agencies?

      _____
- Have you contacted any local agencies or nonprofits regarding this concern? Yes No
    - If yes, which organizations?

      _____

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Name of lender/bank(s): _____

Account Number(s): _____

Name of investor of loan (such as Fannie Mae, Freddie Mac, FHA, VA), if any, and associated account number:

_____

Nature of issue: _____

_____

_____

_____
(Please also include a letter)

I authorize the Office of Senator Richard Blumenthal to address the matter described above on my behalf and to receive any relevant information the Senator and his staff may need in their efforts to provide assistance to me:

Name: _____
(Please include all parties associated with account)

_____
Signature Date
(Please include all parties associated with account)

Please complete and mail this form to:
Senator Richard Blumenthal
90 State House Square
10th Floor
Hartford, CT 06103