

**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: \_\_\_\_\_

Address: \_\_\_\_\_

City and Zip Code: \_\_\_\_\_

Daytime: (    ) \_\_\_\_\_ (work/home, circle one) Fax: (    ) \_\_\_\_\_

Evening: (    ) \_\_\_\_\_ (work/home, circle one) Cell: (    ) \_\_\_\_\_

E-mail: \_\_\_\_\_

Social Security Number (if applicable): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Identification or Case Number: \_\_\_\_\_

Federal agency you need help with: \_\_\_\_\_

Nature of issue: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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:

\_\_\_\_\_  
Signature Date

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