



Congresswoman
Rosa L. DeLauro

Mail or Fax To:
 Office of Congresswoman Rosa L. DeLauro
 59 Elm Street, Suite 205
 New Haven, CT 06510-2036
 Tel: (203) 562-3718
 Fax: (203) 772-2260

The provisions of state and federal privacy laws require that I receive your written authorization to allow agencies contacted on your behalf to provide me with a reply in response to your request.

Your permission will allow the government departments to comply with the provisions of the privacy acts and ensure that your individual rights will not be abused.

Therefore, if you wish me to make any inquiries on your behalf, it is necessary that you complete this authorization and return it to my office.

I, , understand that the privacy laws require my written authorization in order
 (Print/Type Name Above)
 that **Congresswoman Rosa L. DeLauro** or any authorized member of her staff can make the appropriate inquiries on my behalf. This signed statement provides my consent to allow access to my records on my behalf.

Signature
Date

Address:
City: **State:** **Zip:**
Home Phone: **Work Phone:** **Cell Phone:**
Social Security Number: **Date of Birth:**

Please check and complete the appropriate box:

Child Support
 Case Number
 Non-Custodial Parent's Name
 Non-Custodial Parent's SS No.

Health Insurance
 Insurance Company
 Insurance Policy No.
 Group No. (If Applicable)

Medicare
 Medicare Card No.
 Medicare Part D Plan Name
 Medicare Part D Plan ID No.

Immigration
 Alien No.
 Petition/Application (i.e., I-130, I-140 etc.)
 Receipt or Case No.
 Beneficiary's Name

Military / Veterans Affairs
 VA File No.
 Military No.

Other
 Case or Claim No.
 OWCP No.
 CSA/F No.

Social Security Disability Insurance (SSDI)
 Supplemental Security Income (SSI)

Please designate a contact person for your case (i.e., yourself, a relative, an attorney, etc.):
 Name: Relationship: Phone:
 Address: