



***From the Office of Congressman Patrick J. Murphy
Constituent Services Privacy Release Authorization Form***

Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone: (_____) _____ Email: _____

Social Security Number: _____ Date of Birth ____ / ____ / ____

Other Identification / Case Number: _____

Description of Problem:

Due to the Privacy Act of 1974 (Public Law 93-579), Federal and State government agencies are prohibited from releasing any information or discussing regarding another individual without that individual's written permission. Your signature on this page authorizes me, as your Congressman, or an authorized member of my staff to contact the proper officials on your behalf, discuss the matter, and receive any pertinent information.

Signature: _____ Date ____ / ____ / ____

Please return this form to one of my district offices:

Bristol Office

Congressman Patrick J. Murphy
414 Mill Street
Bristol, PA 19007
Phone: (215) 826-1963
Fax: (215) 826-1997

Doylestown Office

Congressman Patrick J. Murphy
60 North Main Street
Doylestown, PA 18901
Phone: (215) 348-1194
Fax: (215) 348-1449