

KIRSTEN E. GILLIBRAND

NEW YORK
SENATOR

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AGRICULTURE
SPECIAL COMMITTEE ON AGING

United States Senate

WASHINGTON, DC 20510-3205

Office of United States Senator Kirsten E. Gillibrand

Due to the enactment of the "Right to Privacy Act," it is necessary for you to complete and sign this form authorizing me and/or a member of my staff to obtain the information needed to respond to your request for assistance.

Date: _____

Name: _____

Address: _____

Senator Kirsten E. Gillibrand has my permission to make inquiries into my personal records and/or files as necessary to assist me in the matter I have presented to her office.

Signature: _____

Date of Birth (mm/dd/yy): _____

Social Security Number (SSN): _____

Home Telephone: _____

Case Number: _____

Do you currently have a case pending before a local, state, or federal court pertaining to this matter? YES or NO (circle one)

Please mail or fax this privacy release with detailed letter and all supporting documentation to:
Department of Constituent Affairs
Office of US Senator Kirsten E. Gillibrand
780 Third Avenue, Suite 2601
New York, New York 10017-2024
Fax: 866-824-6340

If you have any questions, please contact my New York City office at 212-688-6262.