

Privacy Release Form – Congressional Inquiry

Due to the provisions of the Privacy Act of 1974 (Title 5, Section 552A of the United States Code), I am required to obtain your permission in writing before I can make an inquiry on your behalf. Please complete this form as completely as possible, and return it, including all supporting documentation and correspondence, to:

U.S. Representative Allyson Y. Schwartz
Philadelphia District Office
7219 Frankford Ave., Philadelphia PA 19135
(215) 335-3355 / (215) 333-4508 (fax)

OR

U.S. Representative Allyson Y. Schwartz
Montgomery County District Office
706 West Ave., Jenkintown PA 19046
(215) 517-6572 / (215) 517-6575 (fax)

Name

Street Address

City State Zip

Daytime Phone Number: _____

E-mail Address: _____

Social Security Number: _____

Date of Birth: _____

Other ID Number (VA, Alien ID): _____

I hereby authorize U.S. Representative Allyson Y. Schwartz or her staff to intercede on my behalf, and review all relevant documentation that U.S. Representative Schwartz or her staff deems necessary in connection with your request for assistance. I understand that any documents I provide to U.S. Representative Schwartz or her staff may be copied and forwarded to officials of federal agencies involved in executing my request for assistance. I further understand that all federal agencies are allowed a minimum of 30 days to respond to Congressional inquiries.

Signature: _____ Date Signed: _____

Federal agency you are seeking assistance with: _____

In the space below and on the other side of this sheet, please present a concise description of the problem and the particular remedy you are seeking. Please include all necessary information.

