

CASE INFORMATION AND PRIVACY RELEASE FORM AUTHORIZATION

PLEASE PRINT

Name:

First Middle Last

Address: _____ Phone: **Home** _____

City and Zip Code: _____ **Cell** _____

Birthdate: _____ Social Security number: _____ **Work** _____

Case Number: _____

Federal Agency you need help with: _____

Date of last day of work: _____ Date applied for S.S.D: _____

Date of Denial: _____ Date of Appeal(s): _____

Brief description of problem and description of disability (**Please attach copies of all supporting documents**):

I authorize Congressman Bishop and his staff to receive any information that they may need in order to provide this assistance.

Signature/Date

*Note: In order to comply with the provisions of the Privacy Act of 1974 and to be of assistance with claim(s), it is necessary that your signature be on file.

Please print and mail to:

Attention: Bilal Malik
District Office
Congressman Timothy Bishop
31 Oak Street, Suite 20
Patchogue, NY 11772
Fax: 289-3181