



**PRIVACY RELEASE FORM**

# Tim Murphy

U.S. Congressman for the 18<sup>th</sup> District of Pennsylvania

322 Cannon House Office Building Washington, DC 20515 (202) 225-2301 phone (202) 225-1844 fax  
504 Washington Road Pittsburgh, PA 15228 (412) 344-5583 phone (412) 429-5092 fax  
2040 Frederickson Place Greensburg, PA 15601 (724) 850-7312 phone (724) 850-7315 fax  
2700 Monroeville Boulevard Monroeville, PA 15146 (412) 856-3374 phone (412) 856-3375 fax  
*Visit Us On the Web:* [www.house.gov/murphy](http://www.house.gov/murphy)  
E-mail: [Murphy@mail.house.gov](mailto:Murphy@mail.house.gov)

Dear Friend:

Thank you for your request that I contact a Federal Agency on your behalf for information or assistance. In order to access and disseminate personal information, written permission from the individual is required under the **Privacy Act of 1974**.

If the person whose file is involved will please sign the release form below and return it to my district office by mail to 504 Washington Road, Pittsburgh, PA 15228, or by fax at (412) 429-5092, Congressman Murphy or any authorized member of his staff will make the appropriate inquiries.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

TELEPHONE(\_\_\_\_\_) \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ --- \_\_\_\_\_ --- \_\_\_\_\_

CLAIM OR I.D. NUMBER(if appropriate) \_\_\_\_\_

FEDERAL AGENCY INVOLVED \_\_\_\_\_

PROBLEM OR ASSISTANCE NEEDED \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_