

Office of Senator Christopher S. Murphy

Information Release Form



Under the Privacy Act of 1974, your signature is required for Senator Murphy to contact federal agencies and private institutions on your behalf. Please complete and sign this form before returning it to Senator Murphy's office.

Name: _____
First Middle Last

Address: _____

Phone: () _____ *(home / work / cell – please circle one)*

E-mail: _____

Social Security Number: _____ **Date of Birth:** _____

Medicare Beneficiary Identifier (MBI) [For Medicare Inquiries Only]:

Branch of Service [For Veterans Only]: _____

Tenure [For Veterans Only]: _____

Identification or Case Number: _____

Federal Agency you need help with: _____

Please flip over to complete and sign this form

Have you contacted any other Congressional Offices? *Yes* *No*

- If yes, which office(s)? _____

Briefly describe your request:

I authorize all federal and state agencies to release any information in their records to the Office of Senator Christopher S. Murphy on my behalf.

Signature

Date

Please print and mail to:
Senator Christopher S. Murphy
120 Huyshope Avenue, Suite 401
Hartford, CT 06101
Fax: 860-524-5091