

Congress of the United States
Washington, DC 20515

OFFICE OF THE 15TH CONGRESSIONAL DISTRICT OF PENNSYLVANIA
CONSTITUENT SERVICES RELEASE FORM

Name:	Home Phone: () - Cell Phone: () -
Street Address:	Social Security Number:
City, State, ZIP Code:	Veteran or Alien Number (if applicable):
E-mail Address:	Date of Birth:

Name(s) of Family Member(s)
(if applicable to this inquiry): _____

Other congressional office(s) contacted (if applicable): _____

Please provide a brief description of your issue and specify the information you are requesting. Use the back of this form or attach additional pages as needed. (Please include copies of documentation relevant to your inquiry):

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Date

Signature

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