

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:	Petition Filed and Receipt Number:
City, State, ZIP Code:	Alien Number:
E-mail Address:	Date and Place 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):*

In accordance with the Privacy Act of 1974 (Public Law 93-579), federal and state government agencies are prohibited from discussing or releasing any information regarding another individual without that individual's written permission. Your signature on this page authorizes the staff of the Office of the 15th Congressional District of Pennsylvania to contact the proper officials on your behalf, discuss the matter, and receive any pertinent information.

I certify, under penalty of perjury, that 1) I provided or authorized all of the information in this privacy release and any document submitted with it; 2) I reviewed and understand all of the information contained in my privacy release and submitted with it; and 3) all of this information is complete, true, and correct.

_____ Date

_____ Signature

CONTACT INFORMATION:
 Lehigh Valley District Office
 3900 Hamilton Boulevard, Suite 207
 Allentown, PA 18103
 Phone: 610-770-3490

Fax: 610-770-3498