



Privacy Release Form Office of Congressman Patrick J. Murphy

The Privacy Act of 1974 requires written consent from the constituent before information can be obtained from a government agency's records.

NOTE: Members of Congress are empowered to help constituents interact with agencies and offices of the federal government and other entities. Although Members and their staff cannot force an agency to expedite your case or act in your favor, they can frequently intervene to facilitate the processes involved, encourage an agency to give your case consideration and sometimes advocate for a favorable outcome.

Full Name (Mr. Mrs. Ms.) _____

Address _____

City _____ **Zip Code** _____

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

Home Phone _____ **Work Phone** _____ **Cell Phone** _____

Email Address _____

I prefer to be contacted by: Home Phone Work Phone Cell Phone Email

Federal Agency Category:

- Military Dept. of State (Visas) Passport Social Security
 Veterans Dept. of Transportation Medicare U.S. Postal Service
 HUD Dept. of Education Dept. of Labor Dept. of Justice
 IRS Immigration A# or Application #: _____
 Other (please specify) _____

Please identify other Senate or Congressional Offices you have on contacted about this issue:

Senator(s) _____ Representative(s) _____

The following information is required.

Please briefly explain your problem and add copies of any relevant documentation:

Please state how you would like Congressman Murphy to help you and what your desired result would be.

Due to the Privacy Act of 1974 (Public Law 93-597), Federal and State government agencies are prohibited from releasing any information or discussing regarding another individual without that individual's written permission. Your signature on this page authorizes me, as your Congressman, or an authorized member of my staff to contact the proper officials on your behalf, discuss the matter, and receive any pertinent information.

I authorize Congressman Patrick Murphy and his staff to grant and obtain personal records, files and information about me pertaining to my request for assistance.
I understand that I may revoke this authorization at any time.

Signature _____ Date _____
Signature of primary constituent receiving assistance – Third party signatures can not be accepted.

Please return this form to one of my District offices:

Bristol Office

Congressman Patrick J. Murphy
414 Mill Street
Bristol, PA 19007
Phone: (215) 826-1963
Fax: (215) 826-1997

Doylestown Office

Congressman Patrick J. Murphy
72 North Main Street
Doylestown, PA 19801
Phone: (215) 348-1194
Fax: (215) 348-1449