

Congresswoman Eleanor Holmes Norton Request for Congressional Assistance

The <u>Privacy Act of 1974</u> requires me to have a constituent's written permission for a federal agency to release information from its records. In order for me to make inquiries in your behalf, you must complete and sign the following statement. If you are if you are inquiring on behalf if another person, her or she must sign the statement.

Please Write Clearly

Full First Name *	Full Middle Name *	Full Last Name *
Street Number, Street	Name, & Quadrant *	Apt, Floor, Suite, Unit
	Post Office Box or 2nd Address Line (If	Applicable) *
	City*	State* Zip*
	E-Mail	
// Date of Birth MM/DD/YY	Social Security Number (If Applicable)	()
File or Claim Number	Receipt Number	Other Reference or Tracking Number
Check all Age		
□ DHS □ DOD □ DED □ Medicare □ OPM □ OWCP □ USPS □ VA □ Other	□ EEOC □ HUD □ IRS □ STATE □ Social Security	Other Agencies Involved
	Branch of Service & Unit Name & Number	r (If Applicable)
Briefly State the Result Wanted.* You May Attach Additional Pages & Copies of Relevant Documents		
	staff pertinent to the matter descr	ease personal information to Congresswoman ribed on this form. I authorize Congresswoman at to my request for assistance.
		/ /
Signatur	e in Ink*	Date Signed MM/DD/YYYY*
	on Main District Office, Ronald , Suite M1000, Washington, DC	Reagan International Trade Center, 2 20004-3002.
E-Mail: Norton.Casework@M		Voice: (202) 408-9041
* Required Information		Additional Space on Reverse
