



Congresswoman Eleanor Holmes Norton

Request for Congressional Assistance



The [Privacy Act of 1974](#) 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 an organization's behalf, an officer of the organization must complete and sign the following statement.

Please Write Clearly

Full First Name *

Full Middle Name *

Full Last Name *

Business or Organization Name

Title

Street Number, Street Name, & Quadrant *

Floor, Office or Suite

Post Office Box or 2nd Address Line (If Applicable) *

City*

State*

Zip*

E-Mail

____/____/____
Date of Birth **MM/DD/YYYY** (If Applicable)

____ - ____ - ____
Social Security Number (If Applicable)

(____) ____ -- ____
Phone *

File, Claim, or Contract Number

Receipt Number

Other Reference or Tracking Number

Check all Agencies Involved *

- | | | | | | |
|-----------------------------------|------------------------------|--------------------------------|--------------------------------|--|------------------------------|
| <input type="checkbox"/> DHS | <input type="checkbox"/> DOD | <input type="checkbox"/> DED | <input type="checkbox"/> EEOC | <input type="checkbox"/> HUD | <input type="checkbox"/> IRS |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> OPM | <input type="checkbox"/> OWCP | <input type="checkbox"/> STATE | <input type="checkbox"/> Social Security | |
| <input type="checkbox"/> USPS | <input type="checkbox"/> VA | <input type="checkbox"/> Other | | | |

Other Agencies Involved

Briefly State the Result Wanted.* You May Attach Additional Pages & Copies of Relevant Documents

Additional Information

* Required Information

Additional Space on Reverse

Additional Information Continued

I hereby authorize any relevant entity or Federal Agency to release personal information to Congresswoman Eleanor Holmes Norton and her staff pertinent to the matter described on this form. I authorize Congresswoman Norton to request and to access to all records and reports relevant to my request for assistance.

*Signature in Ink**

___/___/_____
*Date Signed MM/DD/YYYY**

Return to Eleanor Holmes Norton Main District Office, Ronald Reagan International Trade Center,
1300 Pennsylvania Avenue NW, Suite M1000, Washington, DC 20004-3002.

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