



CONSENT FOR RELEASE OF INFORMATION
Office of Congresswoman Elizabeth H. Esty

Phone: (860) 223-8412 / Website: esty.house.gov

Please complete this form and return to:
114 W. Main Street, Suite 206 New Britain, CT 06051
Fax: (860) 225-7289

The Privacy Act of 1974 requires written consent before information can be obtained from a government agency.

Form with fields for NAME, ADDRESS, PHONE, EMAIL, SSN, DATE OF BIRTH, and CASE/RECEIPT #. Includes a checkbox for e-newsletter sign-up.

Federal agency with which you need assistance:

Briefly describe issue:

What specific action are you seeking?

Form with two columns: 'Please list other elected officials working on this issue:' and 'What is the current status of your case? (If known)'. Includes a question about attorney representation.

I, _____, authorize Congresswoman Elizabeth Esty and her 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. I release them from any liability that may arise by furnishing the requested information.

Signature _____ Date _____
(Signature of primary constituent receiving assistance - Third party signatures are not accepted)

Third-Party Authorization
(Complete only if you are designating the person named below to give or receive information about your situation.)

NAME: _____ RELATIONSHIP TO YOU: _____

ADDRESS: _____ PHONE: _____