



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 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 Provide Your Information

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)

Phone *

File or Claim Number

Receipt Number

Other Reference or Tracking Number

Check all Agencies and Programs Involved*

DED

DOD

IRS

OPM

Social
Security

State
Dept.

USPS

VA

Other List Below:

Branch of Service (If Applicable)

Unit Number & Name (If Applicable)

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

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, 1300 Pennsylvania Avenue NW, Suite M1000, Washington, DC 20004-3007. **E-Mail:** Norton.Casework@Mail.House.Gov Voice: (202) 408-9041 Fax: (202) 408-9048

* Required Information

Additional Space on Reverse

Additional Information