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| **Congresswoman Eleanor Holmes Norton Request for Congressional Assistance**  The [Privacy Act of 1974](https://www.gpo.gov/fdsys/granule/USCODE-2010-title5/USCODE-2010-title5-partI-chap5-subchapII-sec552a/content-detail.html)  requires me to have a constituent’s written permission for a federal agency to release information from its records. Please complete and sign this statement to give me permission to make inquiries in your behalf. If you are inquiring on behalf of another person, that person must sign this statementImage result for congressional sealFile:Flag map of Washington DC.png. | | | |
| **Please Write Clearly** | | | |
|  |  |  | |
| *Full First Name \** | *Full Middle Name \** | *Full Last Name \** | |
|  | | | |
| *Street Number, Street Name, & Quadrant* ***\**** | | *Apt, Floor, Suite, Unit* | |
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| *Post Office Box or 2nd Address Line (If Applicable)* ***\**** | | | |
|  | | |  |
| *City****\**** | | | *State****\**** *Zip****\**** |
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| *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 Involved*\****  🞎 DHS 🞎 DOD 🞎 DED 🞎 EEOC 🞎 HUD 🞎 IRS  🞎 Medicare 🞎 OPM 🞎 OWCP 🞎 STATE 🞎 Social Security 🞎 USPS 🞎 VA 🞎 Other | |  | |
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| *Other Agencies Involved* | |
|  | | | |
| *Branch of Service & Unit Name & Number (If Applicable)* | | | |
| Briefly State the Result Wanted.**\*** You May Attach Additional Pages & Copies of Relevant Documents | | | |
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| I authorize any relevant entity or Federal Agency to release personal information to Congresswoman Eleanor Holmes Norton and her staff pertinent to the matter described in this document. 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.  **E-Mail:** [Norton.Casework@Mail.House.Gov](mailto:Norton.Casework@Mail.House.Gov) **Fax**: (202) 408-9048 **Voice**: (202) 408-9041 | | | |
| ***\**** Required Information Additional Space on Reverse | | | |
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