



The Office of

# Robert Menendez

U.S. Senator from New Jersey

*The Privacy Act of 1974 requires that written consent be obtained from the constituent in whose name the records are held, before information can be disclosed from a Government Agency. Therefore, in order for me to act on your behalf, I would appreciate you signing the following authorization and returning it. If you have Power of Attorney or Guardianship, please provide proof. In the event you are inquiring on behalf of someone else, it is necessary that they sign the authorization form.*

*Dear Senator Menendez,*

This is to authorize you to secure information as you may deem it necessary pertaining to my request for your assistance.

Signature: \_\_\_\_\_

## PLEASE PRINT

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ Social Security/Identifying Number: \_\_\_\_\_

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For the latest news from Sen. Menendez, including video and audio updates, visit <http://menendez.senate.gov/>

