



# PRIVACY RELEASE FORM

The Office of  
**Senator Bob Menendez**  
New Jersey

*The Privacy Act of 1974 requires that written consent be obtained from the constituent in whose name records are held before information can be released from a government agency. In order for the Senator's office to act on your behalf, please sign this authorization form and return it. If you have power of attorney or guardianship, please provide proof. If you are inquiring on behalf of someone else, it is necessary that they sign the authorization form.*

**Senator Menendez:**

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

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

**PLEASE PRINT:**

**Prefix:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_ **Suffix:** \_\_\_\_\_

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

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

**Primary Phone Number:** \_\_\_\_\_ **Secondary Phone Number:** \_\_\_\_\_

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

**Please select one office:**

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