

NEW YORK

Senator Hillary Rodham Clinton

RELEASE FORM

Due to the enactment of the "Right to Privacy Act," it is necessary for you to complete and sign this form authorizing me and/or a member of my staff to obtain the information needed to respond to your request for assistance.

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Senator Hillary Rodham Clinton has my permission to make inquiries into my personal records and/or files as necessary to assist me in the matter I have presented to her office.

Signature:

Date of Birth (mm/dd/yy):

Social Security Number (SSN):

Home Telephone:

Case Number:

Do you currently have a case pending before a local, state, or federal court pertaining to this matter? YES or NO (circle one)

Send with all supporting documentation to:

Department of Constituent Affairs
Office of US Senator Hillary Rodham Clinton
Fax: 212-688-7444
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New York, New York 10017-2024