

Congress of the United States
Washington, DC 20515

OFFICE OF CONGRESSMAN MARCUS J. MOLINARO

Privacy Authorization Form

Pursuant to Public Law 93-579, the Privacy Act of 1974, the Office of Congressman Marcus Molinaro will need the formal authorization and consent from constituents before making an inquiry to a federal agency on the constituent's behalf. The Office will require constituents to complete, sign and return the privacy authorization form.

Return to:

Binghamton District Office
49 Court Street, Suite 210
Binghamton, NY 13901
Phone Number:
Fax Number:

I certify (print constituent's name) _____ under penalty of perjury, that I authorize The Office of Congressman Marcus J. Molinaro and his staff to intercede on my behalf with any federal agency relevant to the congressional inquiry and to the extent permitted by law, including the right to receive any information contained in my file that his staffs deem necessary, to forward any pertinent correspondence sent by me/us regarding this matter, or any other action I have pending with any federal agency relevant to the matter. I reviewed and understood all of the information contained in my privacy release form and additional documents submitted with it. I waive all rights in the release of any and all related information and records and certify all of the information is complete, true, and correct.

Constituent Signature (sign in ink): _____ Date: _____

Secondary Signature (sign in ink): _____ Date: _____

(Additional signature is required, if the constituent would like the office to share the request with a third party, such as a spouse, family member, etc.).

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Please provide us with the following information:

Full Name (Last Name, First Name, Middle Initial):

Street Address: _____

City, State, and Zip Code: _____

Date of Birth (MM/DD/YYYY): _____ Social Security: _____

(Home) Phone Number: _____ (Cell) Phone Number: _____

Email Address: _____

Please provide us with the following information, if applicable:

Please list the federal agency are you working or need assistance with: _____

List of the Agency Case Number/ Form Type/ Filing Date: _____

Branch: _____ Military ID: _____

Have you contacted any other elected official regarding this case? yes _____ no _____

If Yes, Official's name? _____

Provide a brief description of the problem and the outcome you are seeking in the space below. Please include electronic photocopies of documents you wish to include with the congressional inquiry.

