



United States Representative

**BILL KEATING**

Representing the 9th District of Massachusetts

# Privacy Act Release Form

The Privacy Act of 1974 (5 U.S.C. § 552a) requires that Members of Congress or their staff obtain written authorization before they can acquire information about an individual's case.

Please fill out this form so the Office of Congressman Keating can assist you in the matter(s) listed below.

**NOTE:** Members of Congress and their staff cannot order a federal agency to expedite your case or decide a matter in your favor. Our office, however, may be able to help you get a prompt response and resolution.

**Please complete this form and return via email to your case worker or by fax or U.S. Mail to one of Congressman Keating's three regional district offices:**

## Cape & Islands

259 Stevens Street, Suite E  
Hyannis, MA 02601  
tel (508) 771-6868  
fax (508) 790-1959

## New Bedford

*Falamos portugues*  
*Se habla español*  
128 Union Street, Suite 103  
New Bedford, MA 02740  
tel (508) 999-6462  
fax (508) 999-6468

## Plymouth

170 Court Street  
Plymouth, MA 02360  
tel (508) 746-9000  
fax (508) 732-0072

### Stay in touch:

**web** keating.house.gov  
**twitter** @USRepKeating  
**facebook** /USRepKeating  
**toll free** (800) 870-2626



**Would you like to participate in Bill's next tele-town hall?**

If you would like to participate, please provide the phone number where you would like to receive the call below:

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

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

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

**Email Address** \_\_\_\_\_

Sign up for e-newsletter

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

*Social Security Number only required for Social Security, Medicare/Medicaid, VA, IRS, student loan, or Office of Personnel Management cases.*

**What federal agency or department does this issue involve?**

\_\_\_\_\_

**I authorize Congressman Keating and his staff to speak with all appropriate Federal Government Agencies on my behalf, as well as the following other agencies/persons:**

**Please briefly explain your problem and how you would like Congressman Keating to assist you.** Please provide as much information as possible including case or file numbers, provide copies of any correspondence or documentation you might have regarding this matter, and include your desired outcome. Please attach a short letter if you require additional space.

**I, the undersigned, acknowledge that I am requesting assistance from the Office of Congressman Bill Keating. I further acknowledge that all the information I have provided is true and accurate to the best of my knowledge. I authorize Congressman Keating and his staff to obtain my personal records, files, and information and act on my behalf with any and all agencies relating to my request for assistance. I understand that any documents I provide to Congressman Keating or his staff may be copied and forwarded to officials of related agencies in the handling of my matter. I understand that I may revoke this authorization at any time.**

**SIGN HERE**

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