

KIRSTEN E. GILLIBRAND
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SENATOR

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Office of United States Senator Kirsten E. Gillibrand

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I hereby request the assistance of Senator Kirsten E. Gillibrand. I authorize Senator Gillibrand and her staff to make inquiries into my personal records and/or files as necessary to assist me in the matter that I have presented to her office. The information I have provided is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Name (please print): _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Telephone: _____ Evening Telephone: _____

E-mail Address: _____

Federal Agency Involved: _____ Case No. and/or Social Security No.: _____

Do you currently have a case pending before a local, state, or federal court pertaining to this matter?

Yes: _____ or No: _____ (please check one)

Did you submit a description of your matter through Senator Gillibrand's website?

Yes: _____ or No: _____ (please check one)

Please mail or fax this privacy release along with a detailed letter explaining your issue and relevant supporting documentation to

Office of Senator Kirsten E. Gillibrand
780 Third Avenue, Suite 2601
New York, New York 10017
Attn: Department of Constituent Affairs
Fax: (866) 824-6340

If you have questions or concerns, please contact Senator Kirsten E. Gillibrand's Department of Constituent Affairs by calling (212) 688-6262.

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