

Constituent Privacy Release Form

I hereby authorize Assemblyman Andrew Raia to request on my behalf, pertinent to the Freedom of Information and Privacy Act, access to information concerning me in the files of:

Assemblyman Raia is also authorized to see any materials that may be disclosed to that request, and to speak on my behalf.

Name: _____ Date of Birth ____/____/____

County of Origin: _____

Current Mailing Address (**NO P.O. Boxes**):

E-mail: _____

Telephone Numbers: (Home) _____ (Work) _____

List any identifying numbers that might apply to your situation:

Immigration "A" Number: _____ Date Filed: _____

Case Number: _____

Application Type: _____

Name of Embassy: _____

Date of Last Correspondence with Immigration: _____

Briefly state the nature of your problem (be specific):

I hereby declare that I am currently a resident of the 9th Assembly District and the above information is truthful and complete to the best of my knowledge. In addition, if it is found that the above information is not truthful and complete, my case will be closed and no further action will be taken on my behalf by Assemblyman Andy Raia and/or his staff.

Signature: _____ Date: ____/____/____

District Representative: _____

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