

PRIVACY RELEASE

I hereby grant to **Representative Joan Meschino** permission to intercede on my behalf. I also duly authorize that any information contained in my records and necessary to provide a substantive response may be disclosed to Representative Meschino.

Name: Mr./ Ms./ Mrs./ Miss/ Dr. _____

Address: _____

Email Address: _____

Telephone Numbers:

Home: _____

Work: _____ Fax: _____

PLEASE STATE THE NATURE OF YOUR REQUEST, PROBLEM OR COMPLAINT AND HOW YOU WOULD LIKE THE REPRESENTATIVE TO ASSIST YOU. PLEASE BE SPECIFIC AND, IF NECESSARY, ATTACH A SHORT LETTER AND COPIES OF ANY RELEVANT DOCUMENTS OR NOTICES.

Social Security Number (ONLY if applicable): _____

Case/Account Number (if applicable): _____

Date of Birth (ONLY if applicable): _____

I authorize the Office of Representative Meschino to make inquiries on my behalf:

Signature: _____

Date: _____

PLEASE RETURN THIS SIGNED FORM AND ALL SUPPORTING MATERIAL TO:

Rep. Joan Meschino
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Boston, MA. 02133
(617) 722-2320
Joan.Meschino@MAHouse.gov