



Office of State Senator Richard J. Ross  
**Norfolk, Bristol and Middlesex**  
*Commonwealth of Massachusetts*

---

---

**Privacy Act Authorization Form**

Please complete and mail or fax this form to:

Senator Richard J. Ross  
State House, Room 520  
Boston, MA 02133-1054  
Tel: (617) 722-1555  
Fax: (617-722-1054

---

Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

To Whom It May Concern:

In accordance with the requirements of the Privacy Act of 1974, which protects my confidential records from unauthorized release, I am taking this opportunity to give Senator Richard J. Ross and his staff permission to receive information in my records relative to his inquiry on my behalf.

Signature: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Primary Number: \_\_\_\_\_ Secondary Number: \_\_\_\_\_

Description of the issue and your specific request: \_\_\_\_\_

---

---

---