

Representative Joan Meschino

PRIVACY RELEASE

I hereby grant Representative Joan Meschino my written permission to intercede on my behalf. I also duly authorize that any information which is 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: _____

Mobile: _____

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/OR COPIES OF ANY RELEVANT DOCUMENTS OR NOTICES.

Social Security Number (if applicable): _____

Case/Account Number (if applicable): _____

Date of Birth: _____

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:

Representative Joan Meschino

State House – room 437

Boston, MA. 02133

617 722 2425

Joan.meschino@mahouse.gov