



OFFICE OF SENATOR PAT TOOMEY
Research - Privacy Act Release Form

Grants

I am aware that the Privacy Act of 1974 prohibits the release of personal information without my express written consent. I (**print your name**) _____, do hereby give consent for information concerning me to be provided to Senator Pat Toomey and/or his staff. Please provide all relevant information he may require in order to assist me with my inquiry. **Your signature is required.**

Signature: _____ **Date:** _____

Address: _____

City, State, Zip: _____

Email: _____ **Phone:** _____ **Fax:** _____

Which federal agency do you believe will fund this project? _____

Please provide any grant application #s or other identifying numbers that will help us with our inquiry:

Briefly explain the type of funding you seek as well as what you plan to do with the funds if awarded. Attach copies of any relevant documents.

Please return this completed form and all relevant documents to my Grants Coordinator, Alexandra Byrne, in my Allentown office located at: 1150 S. Cedar Crest Blvd, Suite 101, Allentown PA 18103

Phone 610 434 1444 Fax 202 228 2727

PLEASE ALLOW 3-4 WEEKS PROCESSING TIME FOR ALL GRANT REQUESTS