

BENNIE G. THOMPSON
SECOND DISTRICT, MISSISSIPPI

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Congress of the United States
House of Representatives
Washington, DC 20515-2402

AUTHORIZATION AND PRIVACY RELEASE FORM

I, _____, do hereby authorize the Office of U.S. Congressman Bennie G. Thompson to communicate with your agency on my behalf.

In order to respond to his inquiry about me and to give him status reports on my case/claim, I realize that it may be necessary to release information about me which, under the Privacy Act of 1974 (Public Law 93-579), cannot be released without my written consent.

This letter is to serve as my consent for the release to:

Representative Bennie G. Thompson
or his designee, information pertaining to my case/claim.

Name _____ Date _____

Address _____

SSN _____ Signature _____

Please provide below a brief description of the problem:

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