

BENNIE G. THOMPSON
SECOND DISTRICT, MISSISSIPPI

COMMITTEE ON
HOMELAND SECURITY
RANKING MEMBER

WASHINGTON OFFICE:
2466 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-2402
(202) 225-5876
(202) 225-5898: FAX

E-Mail: benniethompson@mail.house.gov
Home Page: <http://www.benniethompson.house.gov>

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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:

107 WEST MADISON STREET
P.O. Box 610
BOLTON, MS 39041
(601) 866-9003
(601) 866-9036: FAX
(800) 355-9003: In St.

509 HIGHWAY 82 WEST
GREENWOOD, MS 38930
(662) 455-9003
(662) 453-0118: FAX

910 COURTHOUSE LANE
GREENVILLE, MS 38701
(662) 335-9003
(662) 334-1304: FAX

3607 MEDGAR EVERS BOULEVARD
JACKSON, MS 39213
(601) 946-9003
(601) 982-5337: FAX

263 EAST MAIN STREET
P.O. Box 356
MARKS, MS 38646
(662) 326-9003
(662) 326-9003: FAX

MOUND BAYOU CITY HALL
P.O. Box 679
106 GREEN AVENUE, SUITE 106
MOUND BAYOU, MS 38762
(662) 741-9003
(662) 741-9002: FAX