

# AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern:

Today's Date \_\_\_\_\_

I have requested assistance from Representative Sue Myrick on a matter which may require the release of information maintained by your agency and which you may be prohibited from disseminating under the "**Privacy Act of 1974.**"

I hereby authorize the release of all relevant portions of my records, or to discuss problems involved in this case with Representative Myrick or any authorized member of her staff until this matter is resolved.

Full Name (please print) \_\_\_\_\_

Street Address \_\_\_\_\_

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

Home Telephone Number \_\_\_\_\_

Attorney/Legal Firm/Representative \_\_\_\_\_

Date of Birth \_\_\_\_\_

Date disability application was filed \_\_\_\_\_

Social Security Number \_\_\_\_\_

E-mail address \_\_\_\_\_

\_\_\_\_ Check the space to the left to receive Sue's e-Newsletter

Signature \_\_\_\_\_

*Return To:*  
**Representative Sue Myrick**  
**Attention: Angi Corrothers**  
**6525 Morrison Boulevard, Suite 402**  
**Charlotte, North Carolina 28211**