Congressman John P. Murtha

Privacy Authorization Form

Name: _____ **E-mail:** _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Work Phone:** _____

Social Security No.: _____- ____- _____ **Date of Birth:** _____

Federal Agency: _____ **Claim Number:** _____

Please tell us about your situation or difficulty. Include details regarding the current status and any corrective measures you have taken to resolve this matter.

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(Use additional sheets as necessary)

In accordance with the Privacy Act of 1974, I hereby authorize Congressman John P. Murtha , or a member of his staff, to inquire with the appropriate federal agencies relative to the situation stated above.

_____ _____

Signature Date

Please return this form and documentation to the district office listed below:

- Johnstown, PA
  PO Box 780
  Johnstown, PA 15907-0780

Note: When submitting the Privacy Authorization form, please provide copies of any documentation you may have pertaining to your issue.