

AUTHORIZATION FOR RELEASE OF INFORMATION

In accordance with the Privacy Act,

I, _____,
(name - please print)

(mailing address) (city) (county) (state) (Zip code) (phone)

give my permission for any department or agency of the United States government to release, either written or verbally, any records, files or other information pertaining to me, to Congressman Terry Everett, as he or his official representative may request in order to assist me with my problem with

(name of agency)

(signature)

(claim number or Social Security #)

(date)

- Have you asked another Congressman or Senator to help with this problem? __yes __no
If yes, please give name: _____
- Do you have a veterans service officer or attorney helping with this problem? __yes __no
If yes, please give name and phone number: _____

Please give a detailed summary of your claim or problem (use back if needed):

TE/ve

Please fax this to Congressman Terry Everett's Washington office at (202) 225-8913. OR, mail to Congressman Terry Everett, ATTENTION: Victoria Ebell, 3500 Eastern Blvd, Suite 250, Montgomery, Alabama 36116