

Congressman John P. Murtha

Privacy Authorization Form

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		or difficulty. Include details regarding the sures you have taken to resolve this matter.
(Use additional sheets as necessary)		
	nber of his s	of 1974, I hereby authorize Congressman taff, to inquire with the appropriate federal labove.
Signature		Date

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

□ Johnstown, PA647 Main Street, Suite 401Johnstown, PA 15901