



CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES
WASHINGTON, D.C. 20515-3501

AUTHORIZATION FOR RELEASE OF INFORMATION
WAIVER OF PRIVACY ACT RIGHTS

Congressman Steve Chabot
441 Vine Street, Room 3003
Cincinnati, Ohio 45202

I request and authorize U.S. Congressman Steve Chabot and his staff to act on my behalf, and to receive information from and communicate information to any relevant persons or agencies regarding my concern as noted below. I further authorize Congressman Chabot's office to request inter-agency transfer of records where appropriate.

Signed: _____ Date: _____

The problem is: _____

Agency Involved _____ Name _____
Social Security # _____ Address _____
Veteran's # _____
Date of Birth _____ County _____

Please return to: _____ Telephone number: _____
Congressman Steve Chabot Home _____
441 Vine Street, Room 3003 Office _____
Cincinnati, Ohio 45202

Telephone (513) 684-2723 if you have any questions.

NOTE: The Privacy Act requires that you authorize access to your private records. Without your authorization, an inquiry on your behalf will not be possible.

If this waiver is not returned within thirty days, I will assume that you do not require my assistance at this time and we will hold your file in inactive status.