

\_\_\_\_\_  
(name of caseworker)

4104 Walnut Street  
Philadelphia, PA 19104  
215.387.6404

6632 Germantown Avenue  
Philadelphia, PA 19119  
215.848.9386

Date: \_\_\_\_\_

**To Whom it May Concern:**

I am aware that the Privacy Release Act of 1974 prohibits the release of information in my file without my approval. Therefore please accept my signature as authorization for Congressman Chaka Fattah and his staff to receive information on my behalf.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(SS#)

\_\_\_\_\_  
(Telephone #)

If you wish to provide information to a parent, child, attorney, or other interested partner, please indicate below:

I authorize \_\_\_\_\_ to receive information from Congressman Fattah relative to my case.