

SANFORD D. BISHOP, JR.
SECOND DISTRICT, GEORGIA

COMMITTEE ON APPROPRIATIONS

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Authorization to Release Confidential Information

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone-Home: _____ Business: _____

Email Address (optional): _____

Social Security Number: _____ Date of Birth: _____

Branch of Military: _____ Rank: _____

Dates Served: _____ To _____

Other Identification Number: _____

Please indicate the type of number listed

I' do hereby consent to release any confidential information that may be helpful in resolving my situation as described below to Congressman Sanford D. Bishop Jr. and his staff.

Issue to be resolved (be specific) _____

Signature _____ Date: _____

(Sign and return to the district office that is managing your case.)