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To whom it may concern:

In accordance with the requirements of the Privacy Act of 1974, which protects my records from unauthorized release, I am taking this opportunity to give U.S. Congressman Michael H. Michaud and his staff permission to receive information in my confidential records relative to his inquiry on my behalf.

Signature:	Date:
Please print and complete this form	n as the items apply to you. Thank you.
Name:	
Address:	
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Branch of Service:	Military ID Number:
Dates of Military Service: _	
Case Number (if applicable):	·
Would you like to receive pe of importance to Mainers? (c	eriodic e-mail updates from Congressman Michaud on issues circle one): yes no

