



Office of Congressman Earl Pomeroy
Authorization to Release Information

Agency: _____

You are hereby authorized to release to Congressman Earl Pomeroy or to any member of his staff, any information or records in your possession concerning me.

Signature: _____

Date: _____

Social Security Number:

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PLEASE PRINT:

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Day phone: _____ Evening Phone: _____

Email: _____

Notes: _____

