## Authorization In Accordance With The 1974 Privacy Act U.S. Senator Richard G. Lugar

Name:		Social Security #:	
Address:			
City: State:			
Daytime Phone:		Other:	
Evening/Cell Phone:			
E-mail Address:			
Please write or print clearly, sign and	indicate if you have a	reason you are contacting Senator Lugar. In attorney working with you.	
comply with the Privacy Act of 1974, w	hich provides that as o	act appropriate agencies on my behalf. This is to f September 27, 1975, disclosures of information to third parties without the written consent of the	
		Date:	
Signature			
Please Return Completed Form To:	U.S. Senator Richa 1180 Market Towe 10 West Market Str Indianapolis, IN 40	reet 5	

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