



**Congress of the United States**  
**House of Representatives**  
Washington, DC 20515-3701

**Please return this form to:**

Congressman David Wu  
620 SW Main St., Ste. 606  
Portland, OR 97205

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. I authorize Congressman David Wu and his staff to receive information on my behalf.

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

\_\_\_\_\_  
(Print)

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

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

\_\_\_\_\_  
(Social Security or other claim #)

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

\_\_\_\_\_  
Email Address

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

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

On a separate sheet, please describe the problem you are having, including any actions you or the agency have taken thus far. Please attach copies of any pertinent documents or correspondence.