

Release and Consent

Return to:
CONGRESSMAN DAVID DREIER
510 EAST FOOTHILL BOULEVARD, SUITE 201
SAN DIMAS, CALIFORNIA 91773

I, _____ request the assistance of your office in the following matter.

() Social Security/Medicare

Social Security Number

() Veteran Affairs

C or CSS Number

() Military

Branch

() Other

List Federal Agency

Explain the nature of your problem:

I authorize Congressman David Dreier or a member of his staff to make inquiries on my behalf regarding my problem.

Signature

Date

Name (**Please Print**)

Address

Phone (Home)

City

Zip

Phone (Work)