

## CASEWORK AUTHORIZATION PRIVACY RELEASE FORM MARCIA L. FUDGE

## **U.S. MEMBER OF CONGRESS**

4834 Richmond Road, Suite 150 Warrensville Heights, OH 44128

**Phone:** 216-522-4900 **Fax:** 216-522-4908

NAME:				
	First	M.I.	Last	
ADDRESS:				
ADDRESS.	Street			Apartment Number
	City	State	Zip	
PHONE:				
Social Secur	rity#:	<del>-</del>		
I RESPECTEI	IIIV REQUEST AND	AUTHORIZE REPRESENTATIVE	: MARCIA I E	LIDGE AND HER STAFF TO
PLACE AN I		EHALF AND TO RECEIVE INFOR		-
SIGNED:				
DATE:		2010		

**NOTE:** THE PRIVACY ACT (5 USC 552a (b)) REQUIRES THE COMPLETION OF THIS FORM IN ORDER FOR CONGRESSWOMAN MARCIA L. FUDGE TO RECEIVE INFORMATION ON BEHALF OF CONSTITUENTS.