

SUBJECT/PROBLEM:

In accordance with Title 5, Section 552a of the United States Code, I hereby authorize Congressman Bill Shuster to request assistance on my behalf from the _____ (NAME OF AGENCY) in connection with my above-mentioned subject/problem, and authorize discussion of my records with Congressman Shuster and/or his representative for a period of one year from the date below:

NAME: _____

ADDRESS: _____

PHONE: _____

SIGNATURE: _____

DATE: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

Please complete this form and *include a brief explanation of your problem*, then mail to:

Congressman Bill Shuster
310 Penn Street Suite 200
Hollidaysburg, PA 16648

Phone – 814-696-6318

Toll-Free – 1-800-854-3035

Fax – 814-696-6726