
(name of caseworker)

729 NE Oregon St., Ste. 115

Portland, OR 97232

Ph: 503-231-2300

Fax: 503-230-5413

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 Earl Blumenauer and his staff to receive information on my behalf.

(Signature)

(Name)

(Address)

(City, State, Zip)

(SS#)

(Telephone #)

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

I authorize _____ to receive information from
Congressman Blumenauer relative to my case.