



U.S Congressman John Lewis

Fifth District, Georgia

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

Name: _____

Address: _____

City and Zip Code: _____

Daytime Phone: () _____ Evening Phone: () _____

Social Security number: _____

Case, Claim or Account Number: _____

Federal Agency you need help with: _____

Brief description of the problem (you may attach additional pages or copies of related documents):

I authorize the Office of United States Congressman John Lewis to address the matter described above on my behalf and to receive any relevant information the Congressman and his staff may need in their efforts to provide assistance to me.

Signature

Date

Please print and mail to:

Congressman John Lewis
The Equitable Building
100 Peachtree Street, N.W.
Suite # 1920
Atlanta, GA 30303