



Congress of the United States
House of Representatives

COMMITTEE ON
FINANCIAL SERVICES
FINANCIAL INSTITUTIONS AND
CONSUMER CREDIT SUBCOMMITTEE
DOMESTIC AND INTERNATIONAL
MONETARY POLICY, TRADE AND
TECHNOLOGY SUBCOMMITTEE
OVERSIGHT AND INVESTIGATIONS
SUBCOMMITTEE
COMMITTEE ON SMALL BUSINESS

PLEASE RETURN THIS FORM TO:

Congresswoman Gwen Moore
219 N Milwaukee St, Suite 3A
Milwaukee, WI 53202-5818

TO WHOM IT MAY CONCERN:

I am aware that the Privacy Act of 1974 prohibits the release of information in my file without approval.

I authorize the _____
Name of Agency or Department

to provide information on my claim/case to **CONGRESSWOMAN GWEN MOORE**.

_____ Signature	_____ Date
_____ Name (printed)	_____ Social Security or Claim Number
_____ _____	_____ Telephone Number
_____ Address	

If you wish information provided to parent, child, attorney or other interested party, please indicate below.

I authorize _____ to receive information from Congresswoman Gwen Moore relative to my claim/case.

Signature