

**AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION**

You are hereby authorized to give **U.S. Senator Tom Harkin**, or **HIS APPOINTED AGENTS**, any information which they may request regarding my claim with

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or any other information considered by you to be confidential, of which you have personal knowledge, or is contained in files and record maintained by you concerning me.

You are authorized, in addition, to accept a photostatic copy of this authorization and give it full force and effect as the original.

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(DATE)                      (SOCIAL SECURITY #)                      (SIGNATURE)

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(NAME - PLEASE PRINT)

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(ADDRESS)

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(CITY, STATE, ZIP)

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(AREA CODE/PHONE)

RETURN TO:  
United States Senator Tom Harkin  
320 6<sup>th</sup> Street  
110 Federal Building  
Sioux City, Iowa 51101

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