

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-named subject/problem, and authorize discussion of my records with
Congressman Shuster and/or his designated representative for a period of one year from the date below:

NAME: _____

ADDRESS: _____

PHONE: _____

SIGNATURE _____ DATE _____

SOCIAL SECURITY NUMBER: _____

VA CLAIM NUMBER: _____

OTHER IDENTIFICATION NUMBERS: _____

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

Congressman Bill Shuster
310 Penn Street Suite 200
Hollidaysburg, PA 16648
Phone: (814) 696-6318 Fax: (814) 696-6726