

Robert B. Aderholt
4th District, Alabama

Congress of the United States
House of Representatives
Washington, DC 20515-0104

I, _____
Address: _____

Day Phone: (____) _____

Date of Birth: _____
Social Security #: _____
VA Claim #: _____
Other Claim #: _____
Evening Phone: (____) _____

If Social Security, was this your Initial Claim _____ Which Office: _____
Office of Hearings & Appeals _____
Appeals Council _____

Do hereby give the Fourth Congressional District Office my consent to obtain any and all records or information necessary to assist me with my problem concerning: (describe problem)

I furthermore authorize _____ to give the Fourth Congressional District office any information pertaining to my claim and/or records.

Signature: _____ Date: _____ - _____ - _____

Please return this form and any COPIES of relevant materials to Congressman Aderholt's district office serving your area. Please feel free to write on the back or use additional paper if necessary.

<i>Cullman District Office</i>	<i>Decatur District Office</i>	<i>Gadsden District Office</i>	<i>Jasper District Office</i>
205 Fourth Avenue NE Suite 104 Cullman, AL 35055	Morgan County Courthouse PO Box 668 Decatur, AL 35602	107 Federal Building 600 Broad Street Gadsden, AL 35901	247 Carl Elliott Building 1710 Alabama Avenue Jasper, AL 35501
256-734-6043	256-350-4093	256-546-0201	205-221-2310
<i>Serving Cullman, Blount, Morgan, and Marshall (City of Arab)</i>	<i>Serving Morgan</i>	<i>Serving Etowah, DeKalb, Marshall (exclude Arab) and St. Clair</i>	<i>Serving Walker, Winston Fayette, Lamar, Marion, Pickens and Franklin</i>