

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I have requested assistance from Representative Sue Myrick concerning a matter which may require the release of information maintained by your agency and which you may be prohibited from disseminating under the "Privacy Act of 1994".

Please release information from my official file to U.S. Representative Sue Myrick or her representative.

Name (Please Print)

Street Address (Please Print)

City

State

Zip

Home Telephone

Business Telephone

E-Mail Address

Social Security Number

Please check the space to the left if you would like to receive Sue's newsletter.

Date of Birth

Place of Birth

Other Identifying Number

Signature

**Return to: U.S. Representative Sue Myrick
197 West Main Avenue
Gastonia, N.C. 28052**