

# AUTHORIZATION TO RELEASE INFORMATION

## TO WHOM IT MAY CONCERN:

I have requested assistance from Representative Sue Myrick on a matter which may require the release of information by your agency and which may be prohibited from being disseminated under the "Privacy Act of 1974".

I hereby authorize the release of all relevant portions of my records, or to discuss problems involved in this case with Representative Myrick or any authorized member for her staff until this matter is resolved.

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Full Name

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Street Address

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City

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State

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Zip Code

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E-Mail Address

---

Home Telephone Number

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Date of Birth

---

Business Telephone Number

---

Place of Birth

---

Social Security Number

---

Signature

---

Other Identifying Number  
(A#, N.C. Driver's License)

**RETURN TO:**  
**US REPRESENTATIVE SUE MYRICK**  
**6525 MORRISON BLVD., SUITE 100**  
**CHARLOTTE, NC 28211**  
**704-362-1060 OFFICE; 704-367-0852**

**ATTENTION: ALICE TORRES**  
**INTERNATIONAL/**  
**IMMIGRATION SPECIALIST**  
**E-mail: [alice.torres@mail.house.gov](mailto:alice.torres@mail.house.gov)**

Complete, sign, return attached Authorization Form along with a letter to U.S. Representative Sue Myrick outlining nature of problem and desired outcome; be specific with dates and events.

\_\_\_\_\_ please check the space to the left if you would like to sign up to receive Sue's eNewsletter.