

AUTHORIZATION TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I have requested assistance from US 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 US Representative Sue Myrick or her representative.

Name (Please Print)

Street Address

City State Zip

Home Phone Work Phone

e-mail Address Social Security Number

_____ Please check the space to the left if you'd like to receive Sue's eNewsletter.

Date of Birth Place of Birth

Other Identifying Number Signature

In Mecklenburg/Union Counties, please return to:
US Rep. Sue Myrick
ATTN: Lynne Davis
6525 Morrison Blvd. Suite 100
Charlotte, NC 28211

If in Gaston County, please return to:
US Rep. Sue Myrick
ATTN: Jeanette Evans
197 West Main Avenue
Gastonia, NC 28052