

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

You are hereby authorized to give U.S. Senator Tom Harkin, or HIS APPOINTED AGENTS, any information which they may request regarding _____ or any other information considered by you to be confidential, of which you have personal knowledge, or is contained in files and records maintained by you concerning me.

You are authorized, in addition, to accept a photostatic copy of, or a carbon original of, this authorization and give it full force and effect as the original.

Signed: _____ DATE: _____

Name: (please print) _____

Social Security #: _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____

Evening
Phone: _____

RETURN TO:

United States Senator Tom Harkin
Attn: casework
210 Walnut
Room 733
Des Moines, IA 50309

515-284-4574
515-284-4937 fax