

Privacy Authorization Form

I, _____, authorize
(your name)

_____ to discuss my concerns about
(name of agency)

_____ (description of problem)

with Congressman Wm. Lacy Clay and his staff.

I also authorize _____
(name of agency)

to release information about my concerns to Congressman Wm. Lacy Clay and his staff.

I understand that I may revoke this authorization at anytime.

Signed: _____ Date: ____/____/____

Address: _____

(City, State & Zip)

(Phone number)

Relevant Claim Numbers (if applicable) _____

Social Security Number: ____/____/____

Federal Tax ID #: _____

Veteran's Claim Number (if applicable): _____

Tax Year and Form Used: _____

Other Claim Number: _____

Send to the **City/County** address listed on website.