PRIVACY RELEASE STATEMENT

NAME:_____ BIRTHDATE:_____

ADDRESS:_____ CITY/ZIP:_____

PHONE:(H)_____(W)_____SSN/TAX ID #_____

TODAY'S DATE_____EMAIL ADDRESS_____

PLEASE DESCRIBE BELOW THE NATURE OF YOUR CONCERN OR REQUEST:

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My signature on this page allows Congressman Mike Rogers to contact appropriate officials, forward correspondence, discuss the matter, and receive pertinent information from local, state and federal agencies. It is my understanding that this form is being used in compliance with the Privacy Act of 1974.

I authorize the _____ (Name of Agency) to release the necessary information regarding my case to Congressman Mike Rogers and permit the third-party named below to receive information regarding my situation from my Representative.

Signed: _____

Third-Party (optional- person you designate, other than yourself, to give and receive information pertaining to your situation):

NAME/ADDRESS/PHONE:_____

Please return this form to:

Congressman Mike Rogers
1000 West St. Joseph Suite 300
Lansing, Michigan 48915