

Congressman Earl Blumenauer
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Information provided on this form will be held securely by Congressman Blumenauer's Office.

To Whom it May Concern:

Date: _____

I am aware that the Privacy Release Act of 1974 prohibits the release of information in my file without my approval. I authorize Congressman Earl Blumenauer and his staff to receive information on my behalf.

Please provide a summary of your issue:

(Signature)

(Name)

(Social Security Number)

(Date of Birth)

(Address)

(City, State, Zip)

(Telephone Number)

(E-mail Address)

If you want our office to share information about your case with a family member, friend, attorney, or other interested party, please write their name(s) below:

I authorize _____
to receive information from Congressman Blumenauer relative to my case.