Congressman Earl Blumenauer
911 NE 11th Ave., Ste. 200
Portland, OR 97232
Ph: 503-231-2300
Fax: 503-230-5413

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.