
(name of federal agency with which you are having a problem)

TO WHOM IT MAY CONCERN:

I have sought the assistance of U.S. Representative John Fleming on a matter which may require the release of information contained in records maintained by your agency and which may be prohibited from dissemination under the Privacy Act of 1974.

I hereby authorize you to release all relevant portions of my records or to discuss problems involved in this case with Congressman Fleming or with an authorized member of his staff until this matter is resolved.

Signature

Print Name

Address

Telephone

Social Security Number

Date Signed

Please return to the following:
U.S. Representative John Fleming, M.D.
6425 Youree Drive, Suite 350
Shreveport, Louisiana 71105

JCF/web