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COMMITTEE ON EDUCATION
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Please return this form to:

Congresswoman Suzanne Bonamici
12725 SW Millikan Way, Suite 220
Beaverton, OR 97005

Date: _____

To whom it may concern:

I am aware that the Privacy Release Act of 1974 prohibits the release of information in my file without my approval. I authorize Congresswoman Suzanne Bonamici and her staff to receive information on my behalf.

(Signature in ink)

(Print in ink)

(Street Address)

(City, State, Zip)

(Social Security Number OR Business Tax ID)

(Date of Birth)

(Claim OR Application Number)

(Telephone Number)

If you wish information provided to a parent, child, attorney, or other interested partner, please indicate below.

I authorize _____ (print in ink) to receive information from
Congresswoman Suzanne Bonamici relative to my case.

