GWEN MOORE
4TH DISTRICT, WISCONSIN

COMMITTEE ON
FINANCIAL SERVICES
FINANCIAL INSTITUTIONS AND
CONSUMER CREDIT SUBCOMMITTEE
DOMESTIC AND INTERNATIONAL
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PLEASE RETURN THIS FORM TO:

Congresswoman Gwen Moore
219 N Milwaukee St, Suite 3A
Milwaukee, WI 53202-5818

TO WHOM IT MAY CONCERN:

I am aware that the Privacy Act of 1974 prohibits the release of information in my file without approval.

I authorize the _____
Name of Agency or Department

to provide information on my claim/case to **CONGRESSWOMAN GWEN MOORE**.

_____ Signature

_____ Date

_____ Name (printed)

_____ Social Security or Claim Number

_____

_____ Telephone Number

_____

_____ Address

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

I authorize _____ to receive information from Congresswoman Gwen Moore relative to my claim/case.

_____ Signature

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