

United States Senate
WASHINGTON, DC 20510-4801

AUTHORIZATION FORM

Please complete and return this form to:

Office of U.S. Senator Joe Manchin III
900 Pennsylvania Avenue, Suite 629
Charleston, WV 25302
Phone: 304. 342.5855 Fax: 304. 343.7144

In order to protect your privacy, the Privacy Act of 1974 requires that I receive written permission from you so that I may make an inquiry with the appropriate officials on your behalf. If you are in need of assistance, please complete this authorization form and return it immediately. As soon as I receive this form, I will be pleased to do everything I can to provide assistance to you.

Joe Manchin III
United States Senate

(Date)

This will authorize the release to Senator Joe Manchin III of any pertinent information concerning my claim currently pending with the _____.

(Agency)

(Signature)

(Print Name in Full)

(Street Address)

(Telephone Number)

(City, State, Zip Code)

(Social Security, Account/Claim Number)

(Email address)

Please provide a brief explanation of the problem below: