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COMMITTEE ON  
ENERGY AND COMMERCE  
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SUBCOMMITTEE ON  
COMMUNICATIONS AND TECHNOLOGY

COMMITTEE ON SCIENCE,  
SPACE AND TECHNOLOGY  
SUBCOMMITTEE ON  
SPACE AND AERONAUTICS

**Congress of the United States**  
**House of Representatives**  
Washington, DC 20515

In accordance with the Privacy Act of 1974, I, \_\_\_\_\_ give my personal authorization to Congressman Pete Olson, and/or his staff, designated by him, to make a proper inquiry on my behalf concerning the following:

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I  DO  DO NOT authorize the office of Congressman Pete Olson to release information regarding my case to Third Party individuals. *If you checked "DO", you may list 1 authorized contacts (ex. Spouse, Friend, etc.) below. We will only share information with those listed below only if they contact our office.*  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Claim Number (If Applicable)

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Preferred Phone Number

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Email Address

THIS FORM MUST BE SIGNED BY THE PERSON WHOSE INFORMATION IS BEING SAUGHT

Please note that while I strive to assist my constituents, completing this form does not guarantee that my office will be able to assist you.

Visit us at: <http://www.house.gov/olson>

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