



OFFICE OF  
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## GENERAL AUTHORIZATION FORM

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Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ SSA#: \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Would you like to receive Congressman Womack's weekly email newsletter? Yes \_\_\_\_\_ No \_\_\_\_\_

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Briefly describe the issue

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In accordance with the provisions of the Privacy Act, I hereby authorize Congressman Steve Womack or a member of his staff to make appropriate inquiries about this issue on my behalf, without any time or date limitations.

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