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First Name: _____ Last Name: _____
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I hereby request assistance in the following federal matter:

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Please summarize in a few sentences exactly how my office can assist. Please be specific.

Please sign below to permit information from your file to be given to any agency deemed necessary. The Privacy Act of 1974 (PL 93-579) requires that you authorize access to your private records. **Without your authorization, an inquiry on your behalf will not be possible.**

Signature: _____ Date: _____