Maxine Dexter Third District, Oregon	<b>Congress of the United States</b> House of Representatives Mashington, DC 20515	Washington Office 111 Longworth Building Washington, DC 20515 (202) 225-4811 District Office: 911 NE 11th Ave Suite 200 Portland, OR 97232 (503) 231-2300 Website: dexter.house.gov
Privacy Act Release Form	n	
Name (Printed):		Date:
Date of Birth:	Place of Birth:	
Address:		
City:	State: Zip:	
	Social Security Numbe	
Agency you are seeking	help from (if IRS, include tax year):	
	officials you have contacted about this is ling your issue:	
approval. I certify, under pe privacy release and any do	y Release Act of 1974 prohibits the release o enalty of perjury, that 1) I provided or authoriz ocument submitted with it; 2) I reviewed and u lease; and 3) all of this information is comple	zed all of the information in this understand all of the information

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I hereby authorize Congresswoman Maxine Dexter and her staff to work on my behalf with any federal agency relevant to the matter described above to receive and review and information contained in my file and to forward any correspondence sent by me regarding this matter.

Signature: \_\_\_\_\_

Please return this form to: Office of Congresswoman Maxine Dexter, 911 NE 11th	i Ave, S	Suite 200,
Portland, OR 97232		