

## CONGRESSMAN MICHAEL R. TURNER

## **10**<sup>™</sup> DISTRICT OF OHIO

120 W. Third Street, Suite 305, Dayton, OH 45402 Phone: 937-225-2843 Fax: 937-225-2752

## **CONSENT FOR RELEASE OF INFORMATION**

To begin processing your case, please complete the following information (Please PRINT):

Name:			
Address:			
City:		State:	Zip Code:
Home Phone:	Cell Number:		Work Number:
Email Address:		Fax: _	
Social Security Number:	Date of Birt	h (mm/dd/yyyy):	_//
	Explanati	ion of Issue:	
Federal Agency Involved:			
Claim Number or Identification N	umber:		
Briefly explain your problem and/or desire expedite your inquiry. Please do not send o	, , , , , ,	s if needed or copies of any d	ocumentation that you may have which would help
			information in my file without my approval. I se or claim to the Office of Congressman Michael
Signature:		Da	te:
	Diago Potura Complete		

Please Return Completed Form and Documents To:

Fax: 937-225-2752

**By Mail:** 120 W. Third Street, Suite 305 Dayton, OH 45402 By Fax:

Questions

Telephone: 937-225-2843