

TIM GRIFFIN

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Washington, DC 20515-0402

COMMITTEE ON ARMED SERVICES

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SUBCOMMITTEE ON
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NONPROLIFERATION, AND TRADE

SUBCOMMITTEE ON AFRICA,
GLOBAL HEALTH, AND HUMAN RIGHTS

CONSTITUENT INQUIRY

(PLEASE PRINT)

Date: _____

Name: _____

Social Security #: _____

Address: _____

Military Branch: _____

City/State: _____

Date of Birth: _____

Zip Code: _____

Home or Cell: _____

E-Mail: _____

Work: _____

BRIEFLY DESCRIBE THE ISSUE FOR WHICH YOU ARE REQUESTING CONGRESSMAN GRIFFIN'S

ASSISTANCE: (If additional space is needed please feel free to write on the back or use additional paper.)

PLEASE LIST THE NAMES OF OTHER ELECTED OFFICIALS THAT YOU HAVE CONTACTED:

PRIVACY ACT: In accordance with the provision of the Privacy Act of 1974 and the privacy standard of the Health Insurance Portability and Accountability Act (HIPAA) of 1996, I authorize the Office of Congressman Tim Griffin to secure any and all information required in the solution of my problem, including, but not limited to, health information, doctors' records, pharmaceutical and dental records from any source, military records of any type, from any organization of The United States, i.e. Department of Defense and any Agency within DoD; Social Security Administration, Department of Health and Human Services, Medicare, Medicaid, Veteran's Affairs and U.S. Citizenship and Immigration Services; and of any agency of any governmental organization of the States.

If you wish information to be provided to parent, child, attorney, or other interested party, please indicate below.

I authorize _____ to receive information from Representative Tim Griffin relative to my claim/case.

SIGNATURE