

Release and Consent

Return to:
CONGRESSMAN DAVID DREIER
2220 EAST ROUTE 66, SUITE 225
GLENDORA, CALIFORNIA 91740

I, _____ request the assistance of your office in the following matter.

- Social Security/Medicare _____
Social Security Number
- Veteran Affairs _____
C or CSS Number
- Military _____
Branch
- Other _____
List Federal Agency

Explain the nature of your problem:

I authorize Congressman David Dreier or a member of his staff to make inquiries on my behalf regarding my problem.

Signature Date

Name (Please Print)

Address Phone (Home)

City Zip Phone (Work)