waive my rights under	r the Privacy Act of 1974.	·	
Signature:			
Date:			
ADDITIONAL INFO	RMATION:		
Name:			
Address:			
-			
Phone Number:			
Email Address:			
Federal Agency:			
SSN:			
Claim Number:			
PLEASE BRIEFLY DESCRIBE YOUR CASE:			

I hereby authorize U.S. Senator Edward J. Markey to act on my behalf and hereby

Please return to: Senator Edward J. Markey JFK Federal Building 15 New Sudbury Street Boston, MA 02203