

AMI BERA, M.D.
7TH DISTRICT, CALIFORNIA

COMMITTEE ON FOREIGN AFFAIRS

SUBCOMMITTEES:

ASIA AND THE PACIFIC

AFRICA, GLOBAL HEALTH, AND HUMAN RIGHTS

COMMITTEE ON SCIENCE, SPACE, AND TECHNOLOGY

SUBCOMMITTEES:

RESEARCH

SPACE



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<p>NAME: _____</p> <p>ADDRESS: _____</p> <p>City/State/Zip: _____</p> <p>PHONE: _____</p> <p>Work/Cell _____</p> <p>EMAIL: _____</p>	<p>Please provide the following for the concerned applicant:</p> <p>SOC. SEC. # _____ - _____ - _____</p> <p>DATE OF BIRTH: ____/____/____</p> <p>CASE NUMBER: _____</p>
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What concerns are you having with a federal agency?

What specific action are you seeking from our office?

What federal agency are you having a concern with?

(name of federal agency)

I hereby authorize Congressman Ami Bera or his staff, under the "Right to Privacy Act," to request and copy any information regarding this matter from identified agencies. I hereby release you from any liability that may arise by furnishing the requested information.

SIGNATURE: _____ **DATE:** _____