

**I hereby authorize U.S. Representative Edward J. Markey to act on my behalf and hereby waive my rights under the Privacy Act of 1974.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ADDITIONAL INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

SSN: \_\_\_\_\_

Claim Number: \_\_\_\_\_

Branch: \_\_\_\_\_

Years: \_\_\_\_\_

**Please return by mail to:**  
Congressman Edward J. Markey  
ATTN: Rocco DiRico  
5 High Street, Suite 101  
Medford, MA 02155

**Or by fax to:**  
781-396-3220