

**BRIAN HIGGINS**  
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COMMITTEE ON HOMELAND SECURITY  
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COMMITTEE ON COUNTERTERRORISM  
AND INTELLIGENCE

COMMITTEE ON FOREIGN AFFAIRS

SUBCOMMITTEE ON THE  
MIDDLE EAST AND SOUTH ASIA  
SUBCOMMITTEE ON TERRORISM,  
NONPROLIFERATION AND TRADE

REVITALIZING OLDER CITIES  
TASK FORCE

Co-Chair

# Congress of the United States

## House of Representatives

Washington, DC 20515-3227

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The Privacy Act of 1974 prohibits federal agencies from releasing personal information about an individual without that individual's expressed written consent. Please complete and sign this form, which will allow information regarding your concern to be released to the office of Representative Brian Higgins.

Mail the completed form to my Buffalo, NY District Office at 726 Exchange Street, Suite 601, Buffalo, NY 14210.

I, \_\_\_\_\_, authorize Congressman

Brian Higgins to obtain any information he may request from (agency/agencies)

Please check all that apply:

IRS \_\_\_\_\_ Social Security \_\_\_\_\_ American Axle \_\_\_\_\_

What year did you take the buyout from American Axle? \_\_\_\_\_

Did you apply for an amended return with IRS (please list date you applied)? \_\_\_\_\_

If so, did you receive a refund (please list date received)? \_\_\_\_\_

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

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

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

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

**If you have any additional comments please detail on the back of this form or include a separate summary statement.**