

JULIA BROWNLEY
26TH DISTRICT, CALIFORNIA
MEMBER OF CONGRESS
<http://juliabrownley.house.gov>

COMMITTEE ON VETERANS' AFFAIRS
RANKING MEMBER, SUBCOMMITTEE ON HEALTH
SUBCOMMITTEE ON DISABILITY ASSISTANCE
AND MEMORIAL AFFAIRS

COMMITTEE ON
TRANSPORTATION AND INFRASTRUCTURE
SUBCOMMITTEE ON AVIATION
SUBCOMMITTEE ON
HIGHWAYS AND TRANSIT
SUBCOMMITTEE ON
WATER RESOURCES AND ENVIRONMENT



Congress of the United States
House of Representatives
Washington, DC 20515-0526

WASHINGTON, DC OFFICE
1019 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
PHONE: 202-225-5811
FAX: 202-225-1100

THOUSAND OAKS, CA OFFICE
223 EAST THOUSAND OAKS BOULEVARD, SUITE 220
THOUSAND OAKS, CA 91360
PHONE: 805-379-1779
FAX: 805-379-1799

OXNARD, CA OFFICE
201 EAST FOURTH STREET, SUITE 209B
OXNARD, CA 93030
PHONE: 805-379-1779
FAX: 805-379-1799

**AUTHORIZATION FOR RELEASE OF INFORMATION TO
NEWS MEDIA AND GENERAL PUBLIC**

Name: _____

Address: _____

DOB: _____ Telephone #: _____

I authorize that a statement, interview, photograph, illustration, video, movie and/or audio recording may be taken of me by Congresswoman Brownley (and/or her staff) or by members of the news media for the purpose of responding to a media inquiry or for promoting Congresswoman Julia Brownley's constituents services.

I grant permission for the above-described material(s), which may include Protected Health Information under the Health Insurance Portability and Accountability Act (HIPAA), to the general public, not excluding its use at professional meetings, symposiums, poster sessions, or other events.

I further grant permission for Congresswoman Brownley's Office at its option, to use the information and material(s) as it sees fit in publications and/or productions of its own making and distribution

I understand that I may be identified by name in connection with the public use of the information and material(s).

By signing this authorization form, you authorize the use or disclosure of the information described above. You have a right to refuse this authorization.

Signature: _____ Date: _____
(Constituent, Personal Representative, or Legal Guardian)

If signed by a parent/legal guardian, please print name and contact information below.

Name: _____ Telephone #: _____