

Authorization Form
In accordance with the 1974 Privacy Act

Name: _____

Address: _____

Daytime Phone: _____

Evening Phone: _____

Social Security Number: _____ - _____ - _____

Other Cases/ID Numbers:

Please include any other relevant identification numbers used by an agency:
(i.e. civil service, worker's compensation)

Please write a statement concerning the specific information you are requesting or the exact nature of the problem you encountering. Please also indicate if you are working with an attorney.

Signature: _____

Date: _____

Please Return to:

Senator Richard G. Lugar
1180 Market Tower Building
10 West Market Street
Indianapolis, Indiana 46204-2964

If you have questions, please call (317) 226-5555