



## CASEWORK AUTHORIZATION FORM

CONGRESSMAN JAY INSLEE  
18560 1<sup>ST</sup> AVE. NE, SUITE E-800  
SHORELINE, WA 98155-2150  
206-361-0233 PHONE  
206-361-3959 FAX

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Address \_\_\_\_\_ Other case # \_\_\_\_\_  
City & Zip \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Phone (home) \_\_\_\_\_ Phone (other) \_\_\_\_\_  
Email \_\_\_\_\_

*I respectfully request and authorize United States Congressman Jay Inslee, and his staff to act on my behalf and to receive information from the proper officials regarding my case.*

Signed \_\_\_\_\_ Date \_\_\_\_\_

I am requesting assistance with the following: \_\_\_\_\_

**Important note:** The Privacy Act of 1974 requires your authorization to access to your private records. Without your authorization, an inquiry on your behalf will not be possible.