

Constituent Authorization Form
(Please Print)

Claimant's Name: _____

Mailing Address: _____

City, State, Zip Code:

Home Phone: () _____ Work/ Other: _____

Social Security Number: _____ Date of Birth: _____

Brief description of your problem:

What specifically are you asking Senator Pryor to do to assist you?

The information that I have provided Senator Pryor is true and accurate to the best of my knowledge and belief. The assistance that I have requested from Senator Pryor's office is in no way an attempt to evade or violate any federal, state, or local law. In accordance with the provisions of the Privacy Act I, I authorize the Office of Senator Mark Pryor to secure any information required in the effort to resolve my concerns.

Signed: _____ Date: _____

Please Return to:

Office of U.S. Senator Mark Pryor
The River Market
500 Clinton Ave, Suite 401
Little Rock, AR 72201