

Print this form and fax or mail to:  
Congressman Doug Lamborn  
1271 Kelly Johnson Blvd, Suite 110  
Colorado Springs, CO 80920  
Fax: 719-520-0840

**Authorization Sheet**

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email \_\_\_\_\_ Agency Involved \_\_\_\_\_

Numbers Identifying Case (VA claim, Alien number, tax ID, etc.) \_\_\_\_\_

**Date and Place** Claim was Filed \_\_\_\_\_

Please describe the problem and how we can assist you in detail \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_(Please attach a separate sheet if you need more room)

In accordance with the provisions of the Privacy Act, I hereby authorize Congressman Lamborn or a member of his staff to make the appropriate inquiry on my behalf.

Sincerely,

\_\_\_\_\_  
(Signature)