

AUTHORIZATION FORM

The Privacy Act requires that you authorize access to your private records. Without your authorization, an inquiry on your behalf will not be possible. Also, if you want information from your file to be provided to anyone else, you must authorize this by including their information in the space provided below.

Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone (H): _____ (Cell): _____ (W): _____

Date of Birth: _____ Social Security Number: _____

Please check or name the type of Federal Issue.

Veterans Affairs/Military _____ Social Security _____ Medicare _____ IRS _____

Immigration _____ Passport _____ Other _____

Immigration Issue

Name of Beneficiary: _____

Receipt or Case Number: _____ Alien Number: _____

Type of Petition: _____ Embassy/Consulate Involved: _____

Have you contacted another Congressional office? Y N If yes, which one? _____

I respectfully request and authorize U.S. Congressman John Kline to act on my behalf, and to receive information from the proper officials regarding the following concern...

Furthermore, I authorize all information regarding this request to be provided to: (spouse, lawyer, etc.)

Name: _____ Telephone: _____

Mailing address: _____

City _____ State: _____ Zip: _____

Signature: _____ Date: _____

Please return to:
Congressman John Kline
101 West Burnsville Parkway, Suite 201
Burnsville, MN 55337
Ph: 952-808-1213 Fax: 952-808-1261