

Caseworker _____

Control Number _____

CASEWORK AUTHORIZATION FORM

Privacy Release

Congressman Dennis J. Kucinich

14400 Detroit Avenue

Lakewood, Ohio 44107

(216) 228-8850 FAX (216) 228-6465

NAME _____

Home Telephone _____

ADDRESS _____

Work Telephone _____

Social Security # _____

VA Claim # _____

Other _____

TO WHOM IT MAY CONCERN:

I respectfully request and authorize U.S. Congressman Dennis J. Kucinich and or his District Staff to place an inquiry on my behalf and to receive information from the proper officials regarding my concern.

Signed: _____

Date: _____

Description of the situation: _____

Note: The Privacy Act (5 USC 552a(b)) requires the completion of this form in order for Congressman Dennis J. Kucinich to receive information on behalf of constituents.