

Print this form and fax or mail to:
Congressman Mike Pence 1134 Meridan St. Anderson, IN 46016 Phone # 765-640-2919 Fax # 765-640-292

Authorization Sheet

Date _____

Name _____

Address _____

City, State, Zip _____

Home Phone _____ Work Phone _____

Social Security # _____ Date of Birth _____

Agency Involved _____

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

Date and Place Claim was Filed _____

Please describe problem in detail _____

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

Sincerely,

(Signature)