



Office of Congressman Doug Lamborn

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Before an inquiry can be made on your behalf and subject to the provisions of the Privacy Act of 1974 (Title 5, Sec. 552A of the U.S. Code), the Office of United States Representative Doug Lamborn must first receive, in writing, your permission to obtain information on your behalf. Please provide the information below (please print and sign) and return this form by mail or fax.

CASEWORK AUTHORIZATION FORM

Date: _____

Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Social Security #: _____ Date of Birth: _____

Email: _____ Agency Involved: _____

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

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.

SIGNATURE: _____