1401 W. Capitol Avenue, Plaza F Little Rock, Arkansas 72201 501-372-7153



## Constituent Service Authorization Form

Name:	
Mailing Address:	
	County:
Phone #1:	Phone #2:
Email:	
Social Security Number:	DOB:
Agency Involved:	
Location claim filed with agency:	
Date filed:	Identifying Number:
Description of Problem:	
	<del>-</del>
	f the Privacy Act, I hereby authorize Senator John Boozman or a
member of his staff to make the app	ropriate inquiry about this issue, on my behalf.
Signature:	Date: