



CONGRESSMAN JACK KINGSTON  
**CASEWORK AUTHORIZATION FORM**

*Please complete this form and return to the district office nearest you.*



Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Agency Involved: \_\_\_\_\_

Numbers Identifying Case (VA claim, tax ID, etc.): \_\_\_\_\_

**Date and Place** Claim was filed: \_\_\_\_\_

Please describe problem in detail and what assistance you are seeking: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*If additional space is needed, please use another sheet of paper and attach.*

In accordance with the provisions of the Privacy Act, I hereby authorize Congressman Jack Kingston or a member of his staff to make the appropriate inquiry on my behalf so that they may assist me with my request.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date (MM/DD/YYYY)*

**Brunswick Office**

1510 Newcastle Street, Suite 200  
Brunswick, Georgia 31520  
Phone: (912) 265-9010  
Fax: (912) 265-9013

**Savannah Office**

1 Diamond Causeway, Suite 7  
Savannah, Georgia 31406  
Phone: (912) 352-0101  
Fax: (912) 352-0105