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CONGRESSIONAL CASEWORK AUTHORIZATION FORM

Name: _____ Social Security # _____

Address: _____ City: _____ Zip: _____

Phone (H) _____ Phone (W) _____ Phone (C) _____

Date of Birth: _____ Birthplace: _____ Email: _____

I hereby request assistance in the following federal matter:

Social Security/Medicare Social Security #: _____

Veterans Administration C#, CSS#, LHG#: _____

Military Branch/Service#: _____

Immigration & Naturalization Alien#: _____

Other Federal Agency _____

Please summarize in a few sentences exactly what you want us to do for you. Please be specific. Use additional paper if necessary.

Please sign below to permit information from your file to be given to any agency deemed necessary. The Privacy Act of 1974 (PL 93-579) requires that you authorize access to your private records. **Without your authorization, an inquiry on your behalf will not be possible.**

Signature: _____ Date: _____