

## **CASEWORK AUTHORIZATION FORM**

**Please complete the form on the following page and  
mail it to:**

**Mr. Tony Carrillo**  
**Midland, TX Office**  
6 Desta Drive, Suite 2000  
Midland, TX 79705

If you would like to follow up on your casework or contact the office, the phone number for this office is (432) 687-2390, and the fax number is (432) 687-0277.

# CASEWORK AUTHORIZATION FORM

U.S. Representative K. Michael Conaway

I \_\_\_\_\_ authorize U.S. Representative K. Michael Conaway and members of his staff to initiate an inquiry on my behalf that may require the release of information under the Privacy Act of 1974.

## **CASE NOTES:**

**SIGNATURE** \_\_\_\_\_

Social Security #: \_\_\_\_\_

Claim #: \_\_\_\_\_ (Where Applicable)

Immigration A#: \_\_\_\_\_, or Receipt #: \_\_\_\_\_

Home: (     ) \_\_\_\_\_ Cellular: (     ) \_\_\_\_\_

Work: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

## **Mailing Address:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## **Permanent Residence Address:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_