

Print this form and fax or mail to:

100 East Wayne Street, Suite 330
South Bend, IN 46601
Phone: (574) 251-0596
Fax: (574) 251-1066

Authorization in Accordance with the 1974 Privacy Act

Date _____

Name _____

Address _____

City, State, Zip _____

Home Phone _____ Work Phone _____

Social Security # _____ Date of Birth _____

Agency Involved _____

Numbers Identifying Case (VA Claim, Alien Number, Tax ID, etc.) _____

Date and Place Claim was Filed _____

Is there anyone else (i.e. spouse) with whom we are permitted to discuss your case?
Name and Relationship _____

Are you represented by an attorney?
Name and Contact Information _____

Please describe problem in detail _____

In accordance with the provisions of the Privacy Act, I hereby authorize Congressman Chris Chocola or a member of his staff to make the appropriate inquiry on my behalf.

Sincerely,

(Signature)