



CONGRESSIONAL CASEWORK AUTHORIZATION FORM

Name: _____ Social Security # _____

Address: _____ City: _____ Zip: _____

Phone (H) _____ Phone (W) _____

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 A, EAC, WAC, LIN, or SRC#: _____
- 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: _____

Please send or fax completed forms to:
Congressman John Campbell
610 Newport Center Drive, Ste. 330
Newport Beach, CA 92660
Phone (949) 756-2244 Fax (949) 251-9309