



# CONGRESSIONAL CASEWORK AUTHORIZATION FORM

Please type or print clearly:

Name: Mr. / Ms. / Mrs.  
(circle one)

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

Telephone: Home ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

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

Claim, File or Case Number: \_\_\_\_\_ Filing Date: \_\_\_\_\_

Federal Agency involved in your case: \_\_\_\_\_

***I request the assistance of Congressman Gary Miller and his staff in the following federal matter: (Please provide a brief explanation of your problem and attach copies of any relevant documents. Use additional paper if necessary.)***

\_\_\_\_\_  
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***In accordance with the Privacy Act of 1974, I hereby authorize Congressman Gary Miller and his staff to make the necessary inquiry on my behalf regarding the problem described above. I give my consent for the information concerning me and this problem to be furnished to Congressman Gary Miller and his staff.***

***Signed*** \_\_\_\_\_ ***Date*** \_\_\_\_\_