



CONGRESSWOMAN THELMA DRAKE
2ND DISTRICT, VIRGINIA
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Constituent Authorization Form

DATE _____

FULL NAME _____

ADDRESS _____

CITY, STATE, ZIP CODE _____

HOME PHONE _____ WORK PHONE _____

MOBILE PHONE _____ EMAIL _____

SOCIAL SEC NO. _____ DATE OF BIRTH _____

AGENCY INVOLVED _____

CASE NUMBER (VA Claim, Alien/Receipt No., etc) _____

DATE AND PLACE CLAIM WAS FILED _____

PLEASE DESCRIBE PROBLEM IN DETAIL _____

*In accordance with the provisions of the Privacy Act, I hereby authorize
Congresswoman Thelma Drake or a member of her staff to
make the appropriate inquiry on my behalf.*

(Signature)

(Print Name)