

AUTHORIZATION FORM
UNITED STATES CONGRESSMAN MARK SCHAUER

Congressman Schauer and members of his staff have my full authorization and permission to receive and review any information contained in my file and/or forward any correspondence I have sent them:

Please print full name: _____

Legal signature _____ Date _____

Email Address: _____

Address: _____

City _____ State _____ Zip _____

WPhone _____ HPhone _____ Fax _____

Social Security # _____

Other ID or claim # (if applicable) _____

Note: If you are married, use your legal name (i.e.: Mary Ann Smith not Mrs. John Smith)

Description of problem (please attach additional pages if necessary):

Please return form to: Congressman Mark Schauer
800 W. Ganson, Jackson, MI, 49202
517-780-9075 FAX: 517-780-9081