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Financial Institutions and  
Consumer Credit  
International Monetary Policy and Trade

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 SNC#: \_\_\_\_\_  
( ) 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.**

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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: \_\_\_\_\_