

Date _____

The Honorable Mark S. Critz
U.S. House of Representatives
647 Main Street, Suite 401
Johnstown, Pennsylvania 15901-2140

Dear Congressman Critz:

I hereby authorize you to intervene on my behalf concerning my

I understand that you must have my authorization to take action on my behalf due to the Privacy Act of 1974, which went into effect September 27, 1975. I also understand that this authorization is for my own protection to prevent anyone from seeing my record except any individual I approve.

Signature _____

Name* _____
(please print)

Address _____

City/Zip _____

Telephone () _____

Social Security Number _____

VA Claim Number _____

Military Service Number _____

Rank / Duty Station _____

***Note: All women must sign their own names, i.e., “May Doe”, and NOT “Mrs. John Doe”.**

Nature of Problem:

Action Required:

SOCIAL SECURITY INFORMATION

If you have a problem with the Social Security Administration, please also complete the applicable information requested below:

Social Security Number: _____

Indicate status of your claim

_____	Initial Claim	- - - - -	Date Filed	_____
_____	Reconsideration	- - - - -	Date Filed	_____
_____	ALJ Hearing	- - - - -	Date Filed	_____
_____	Appeals Council	- - - - -	Date Filed	_____