



CONGRESSIONAL CASEWORK AUTHORIZATION FORM

Mr./Mrs./Ms. Name: _____ Social Security Number: ____ - ____ - ____

Address: _____ City: _____ Zip: _____

Phone (H): _____ Phone (W) _____

Date of Birth: _____ Birthplace: _____ Email: _____

I hereby request assistance in the following federal matter:

- () Social Security Social Security #: ____ - ____ - ____
() Veterans Administration C#, CSS#, LHG#: _____
() Military Branch/Service #: _____
() Immigration & Naturalization A, EAC, WAC, LIN, or SRC# _____
() Other Federal Agency: Please Specify: _____

Please summarize exactly how we can help you. Please be specific. Use additional sheets of paper if necessary.

Four horizontal lines for summarizing assistance requested.

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: _____

Please send or fax completed forms to: Congressman John Campbell, 610 Newport Center Drive, Ste. 330, Newport Beach, CA 92660. Phone: (949)-756-2244 Fax (949) 251-9309