

-Personal Authorization Form-

Please describe the situation for which you are requesting assistance (attach additional pages if necessary):

In accordance with the Privacy Act, I request Congressman Mike Castle or a member of his staff to assist with the matter described above.

SIGNED: _____ DATE: _____

Name: (please print) _____

Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Telephone: _____ Evening Telephone: _____

E-mail Address: _____

Federal Agency(ies) Involved: _____

Case Number / SS# (if applicable): _____

Please Return to:
Congressman Mike Castle
201 North Walnut Street, Suite 107
Wilmington, DE 19801
(p) 302-428-1902 / (f) 302-428-1950