

JEFF MILLER  
1ST DISTRICT, FLORIDA

COMMITTEE ON ARMED SERVICES  
SUBCOMMITTEE ON TERRORISM,  
UNCONVENTIONAL THREATS AND CAPABILITIES  
RANKING MEMBER

SELECT COMMITTEE ON INTELLIGENCE  
SUBCOMMITTEE ON  
OVERSIGHT AND INVESTIGATIONS  
RANKING MEMBER

COMMITTEE ON VETERANS' AFFAIRS

**Congress of the United States**  
**House of Representatives**  
Washington, DC 20515

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<http://jeffmiller.house.gov>  
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**CASEWORK AUTHORIZATION FORM**  
**PLEASE PRINT IN INK**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ (Mr., Mrs., Ms., Other: \_\_\_\_\_ )

Residential Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address  
(if different from above): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

*Please check here to be added to weekly  
e-newsletter from Congressman Miller*

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Agency File#: \_\_\_\_\_

Federal Agency Involved: \_\_\_\_\_

Action Requested (use additional information as necessary):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

.....  
*Important Note: The Privacy Act requires that you authorize access to your private records. Without your signature to authorize access, an inquiry on your behalf will not be done. Also, if you would like for us to give information from your file to anyone other than yourself (e.g. spouse, guardian), please authorize this by identifying that individual in the space provided below. Be advised that information you provide to this office will be forwarded to the agency specified above. **YOUR CASE CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE BELOW ON THE SIGNATURE LINE.***  
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**To Whom It May Concern:**

I have sought assistance from Congressman Jeff Miller on a matter that may require the release of information maintained by your agency, and which you may be prohibited from disseminating under the Privacy Act of 1974.

I hereby authorize you to release all relevant portions of my records or to discuss problems involved in this case with Congressman Jeff Miller or any authorized member of his staff until this matter is resolved.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I also authorize Congressman Jeff Miller to release my information to the following individual(s):

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Return to:  
Congressman Jeff Miller  
4300 Bayou Blvd., Suite 13  
Pensacola, FL 32503  
FAX: (850)479-9394

CJM:INTERNET