

Print this form and fax or mail to:

**Authorization Sheet**

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

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

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Agency Involved \_\_\_\_\_

Numbers Identifying Case (VA claim, Alien number, tax ID, etc.) \_\_\_\_\_

**Date and Place** Claim was Filed \_\_\_\_\_

Please describe problem in detail \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

In accordance with the provisions of the Privacy Act, I hereby authorize Congressman or a member of his s make the appropriate inquiry on my behalf.

Sincerely,

\_\_\_\_\_  
(Signature)