#### CASEWORK PRIVACY FORM

Congressman David B. McKinley, P.E. (WV-1) 313 Cannon HOB Washington, D.C., 20515 202.225.4172

## **Help With Federal Agency**

If you can't get an answer from a federal agency in a timely fashion, or if you feel you have been treated unfairly, my office may be able to help resolve a problem or get you the information you need. While we cannot guarantee you a favorable outcome, we will do our best to help you receive a fair and timely response to your problem.

Residents of the 1st Congressional District of West Virginia can contact me for assistance in dealing with Federal agencies. In order to better serve you, this form will generate a printable page that you should sign and mail to my office.

Please include all pertinent information and claim numbers in your correspondence—such as:

- Your Social Security number for a case involving Social Security;
- VA claim number for a case with Department of Veterans Affairs;
- Taxpayer identification number (Social Security number, if individual) for an Internal Revenue Service problem, etc.;
- Your address, home phone number and daytime phone number (if different than home) so that we can obtain any additional information from you that might be necessary;
- Copies of any related documents or correspondence that you may have from the agency involved;

#### **Please Note:**

The *Privacy Act of 1974* (5 *U.S.C.* § 552a) requires that Members of Congress or their staff have written authorization before they can obtain information about an individual's case.

# Authorization Form CASEWORK PRIVACY FORM

### Congressman David B. McKinley, P.E. (WV-1) 313 Cannon HOB Washington, D.C., 20515 202.225.4172

In accordance with the Privacy Act of 1974, I give Congressman David McKinley authority to act on my behalf.

Today's Date:				
Full Name:				
Agency Involved:				
Branch of Service (if applical				
Military Rank (if applicable):				
Agency case number(s):				
Date of Birth:	Social Security Nur	nber:		
Street Address:				
City:	State	e:	Zip:	
Email:				
Telephone:				
Nature of Problem:				
Signature:				

MUST HAVE SIGNATURE TO PROCESS