

Congressman Mike Coffman

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Suite 220
Lone Tree, Colorado 80124

Main # 720-283-9772
Fax # 720-283-9776

CASEWORK AUTHORIZATION AND PRIVACY ACT RELEASE FORM

(Please type or print)

Full Name: _____
Street/Apt #: _____
City/State/Zip: _____
Social Security # _____ VA Claim #: _____
D.O.B. _____ Alien Reg. # (A#) _____
Home Ph. _____ Cell Ph. _____
E-Mail Address: _____

Please describe the type of assistance you are seeking from the Representative's office. Include agency claim numbers, and copies of all relevant documents and correspondence.

Which Agency (s) have you contacted? _____

Senator: Yes ___ No ___ Congressman: Yes ___ No ___

What problem are you having with the agency (s)? _____

How would you like Congressman Coffman to help you? _____

Pursuant to the Privacy Act of 1974 (5 U.S.C §552a), I hereby authorize appropriate governmental agencies to release information about me and relevant to this inquiry to Congressman Coffman and/or his Constituent Advocate.

Signature

Date