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## Congress of the United States

# House of Representatives ELIOT L. ENGEL

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### CONSTITUENT CASEWORK AUTHORIZATION FORM

#### OFFICE OF REP. ELIOT L. ENGEL

FULL NAME	
EVENING PHONE	DAYTIME PHONE
DATE OF BIRTH	COUNTRY OF BIRTH
A#SOCIAL	SECURITY # (OPTIONAL)
I hereby authorize the(n to release information regarding Representative Eliot Engel or hi	the casework problem I have described below to
SIGNATURE	DATE
DESCRIPTION OF PROBLEM	1
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