

# Congress of the United States House of Representatives

## CASEWORK AUTHORIZATION FORM

COMMITTEES:  
ARMED SERVICES  
SUBCOMMITTEES:  
MILITARY PERSONNEL, RANKING MEMBER  
SEAPOWER AND PROJECTION FORCES  
EMERGING THREATS AND CAPABILITIES  
EDUCATION AND THE WORKFORCE  
SUBCOMMITTEES:  
EARLY CHILDHOOD, ELEMENTARY AND  
SECONDARY EDUCATION  
HIGHER EDUCATION  
AND WORKFORCE TRAINING

In accordance with the Privacy Act of 1974 (5 U.S.C. § 552), I hereby authorize Congresswoman Susan A. Davis, or a designated member of her staff, to inquire with the appropriate federal agencies stated below to provide assistance or to resolve the matter described below.

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

**To begin processing your case, please complete all of the following information:**

Circle One: Mr. Mrs. Miss Ms. Dr. Home Address: \_\_\_\_\_  
First Name: \_\_\_\_\_ City: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_  
Last Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

**Federal agency with which you need help:** \_\_\_\_\_

**Briefly explain the problem or the information desired\* (Continue on back if necessary):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Please include copies of any relevant documentation related to your request.

**Also include the following information if relevant:**

**IMMIGRATION:**  
Alien #: \_\_\_\_\_  
Form #: \_\_\_\_\_ Date Filed: \_\_\_\_\_  
USCIS Receipt #: \_\_\_\_\_  
Embassy Case #: \_\_\_\_\_

**MILITARY/VETERANS:**  
Branch of Service \_\_\_\_\_  
Rank: \_\_\_\_\_  
VA File #: \_\_\_\_\_  
Dates of Service: \_\_\_\_\_

Please return this form to:

Congresswoman Susan A. Davis  
2700 Adams Avenue, Suite 102  
San Diego, CA 92116  
Phone (619) 280-5353 Fax (619) 280-5311

