



**CONSTITUENT ASSISTANCE AUTHORIZATION FORM**

*To be of assistance to you, it will be necessary for you to complete and sign this authorization form and return it to me at the address listed below. Thank you for the opportunity to serve you.*

Name: _____			
Address: _____		City: _____	Zip: _____
Daytime phone: _____		E-mail: _____	
<i>Would you like to receive e-mail newsletters?</i>			
Yes: <input type="checkbox"/> No: <input type="checkbox"/>			

Date of Birth: _____	Social Security Number: _____
<i>Month                      Day                      Year</i>	

VA Claim # (if applicable): _____	Immigrant Reg. # (if applicable): _____
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*Please provide a brief description of the problem:*

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This information may also be released to (spouse, parent, attorney, etc.): \_\_\_\_\_

***The Privacy Act of 1974 states that Federal and State Government Agencies are prohibited from releasing any information or discussing anything regarding another individual without that individual's written permission.***

***Your signature on this page authorizes me, as your Congressman, to contact the proper officials on your behalf, discuss the matter, and receive any pertinent information.***

Signature: _____	Date: _____
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***This form may be returned to:***

**YAKIMA OFFICE**  
 402 E. Yakima Avenue, Suite 760  
 Yakima, WA 98901  
 (509) 452-3243  
 Fax: (509) 452-3438

**TRI-CITIES OFFICE**  
 2715 St. Andrews Loop, Suite D  
 Pasco, WA 99301  
 (509) 543-9396  
 Fax: (509) 545-1972