

# Authorization Form

Print this form and fax or mail to:

## Authorization Sheet

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Agency Involved \_\_\_\_\_

Numbers Identifying Case (VA claim, Alien number, tax ID, etc.) \_\_\_\_\_

**Date and Place** Claim was Filed \_\_\_\_\_

Please describe problem in detail \_\_\_\_\_

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In accordance with the provisions of the Privacy Act, I hereby authorize Congressman or a member of his staff to make the appropriate inquiry on my behalf.

Sincerely,

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(Signature)