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CONGRESSIONAL CASEWORK AUTHORIZATION FORM

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_ Phone (C) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Email: \_\_\_\_\_

**I hereby request assistance in the following federal matter:**

- |  |                                 |
|--|---------------------------------|
| <input type="checkbox"/> <b>Social Security/Medicare</b>         | <b>Social Security #:</b> _____ |
| <input type="checkbox"/> <b>Veterans Administration</b>          | <b>C#, CSS#, LHG#:</b> _____    |
| <input type="checkbox"/> <b>Military</b>                         | <b>Branch/Service#:</b> _____   |
| <input type="checkbox"/> <b>Immigration &amp; Naturalization</b> | <b>Alien#:</b> _____            |
| <input type="checkbox"/> <b>Other Federal Agency</b>             | _____                           |

Please summarize in a few sentences exactly what you want us to do for you. Please be specific. **Use additional paper if necessary.**

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Please sign below to permit information from your file to be given to any agency deemed necessary. The Privacy Act of 1974 (PL 93-579) requires that you authorize access to your private records. **Without your authorization, an inquiry on your behalf will not be possible.**

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