



Office of Congressman Doug Lamborn

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CASEWORK AUTHORIZATION FORM

Before an inquiry can be made on your behalf and subject to the provisions of the Privacy Act of 1974 (Title 5, Sec. 552A of the U.S. Code), the Office of United States Representative Doug Lamborn must first receive, in writing, your permission to obtain information on your behalf. Please provide the information below (**please print & sign**) and return this form by **mail, fax, or email**.

CONSTITUENT FULL NAME: _____

CURRENT ADDRESS: _____

CITY/STATE/ZIP: _____

MAIN PHONE: _____ PREFERRED MEANS OF CONTACT: _____

EMAIL: _____ DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____ AGENCY INVOLVED: _____

NUMBERS IDENTIFYING CASE (VA claim, Alien number, tax ID, etc.): _____

Please describe the problem and how we can assist you, in detail: _____

(Please attach a separate sheet if you need more room)

Have you contacted U.S. Senators Bennet or Udall regarding your case? If yes, please specify: _____

In accordance with the provisions of the Privacy Act of 1974, I hereby authorize Congressman Lamborn or a member of his staff to make the appropriate inquiry on my behalf.

SIGNATURE: _____

DATE: _____