

JEFF MILLER
1ST DISTRICT, FLORIDA

COMMITTEE ON VETERANS' AFFAIRS
CHAIRMAN

COMMITTEE ON ARMED SERVICES

SELECT COMMITTEE ON INTELLIGENCE

Congress of the United States
House of Representatives
Washington, DC 20515

WASHINGTON OFFICE:
336 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-4136

DISTRICT OFFICES:
4300 BAYOU BOULEVARD
SUITE 13
PENSACOLA, FL 32503
(850) 479-1183

348 S.W. MIRACLE STRIP PARKWAY
SUITE 24
FORT WALTON BEACH, FL 32548
(850) 664-1266

<http://jeffmiller.house.gov>
Toll Free: 1-866-367-1614

CASEWORK AUTHORIZATION FORM
PLEASE PRINT

Last Name: _____ First: _____ *Please circle one*
(Mr., Mrs., Ms., Other: _____)

Residential Address: _____ City: _____ State: _____ Zip: _____

Mailing Address
(if different from above): _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Date of Birth: _____

*Please check here to be added to weekly
e-newsletter from Congressman Miller* Social Security #: _____

Federal Agency Involved: _____ Agency File #: _____

Action Requested (provide additional documentation as necessary):

.....
Important Note: *The Privacy Act requires that you authorize access to your private records. Without your signature to authorize access, an inquiry on your behalf will not be made. Also, if you would like for us to give information from your file to anyone other than yourself (e.g. spouse, guardian), please authorize this by identifying that individual in the space provided below. Be advised that information you provide to this office will be forwarded to the agency specified above. This form is valid for one (1) year from date of signature. YOUR CASE CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE BELOW ON THE SIGNATURE LINE.*
.....

To Whom It May Concern:

I have sought assistance from Congressman Jeff Miller on a matter that may require the release of information maintained by your agency, and which you may be prohibited from disseminating under the Privacy Act of 1974.

I hereby authorize you to release all relevant portions of my records or to discuss problems involved in this case with Congressman Jeff Miller or any authorized member of his staff until this matter is resolved.

The information I have provided to Congressman Miller is true and accurate to the best of my knowledge and belief. The assistance I have requested from Congressman Miller's office is in no way an attempt to evade or violate any federal, state, or local law.

Signature: _____ **Date:** _____

I also authorize Congressman Jeff Miller to release my information to the following individual(s):

Name: _____ **Relationship:** _____

Return to:
Congressman Jeff Miller
4300 Bayou Blvd., Suite 13
Pensacola, FL 32503
FAX: (850)479-9394