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CONGRESSIONAL CASEWORK AUTHORIZATION FORM

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone (H): \_\_\_\_\_ Phone (W): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

- ( ) Social Security/ Medicare Social Security #: \_\_\_\_\_  
( ) Veterans Administration C#, CSS#, LHG #: \_\_\_\_\_  
( ) Military Branch/Service #: \_\_\_\_\_  
( ) Immigration & Naturalization A, EAC, WAC, LIN, or SRC #: \_\_\_\_\_  
( ) Other Federal Agency \_\_\_\_\_

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: \_\_\_\_\_