

CASEWORK AUTHORIZATION FORM

U.S. Representative K. Michael Conaway
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Midland, Texas 79705
432.687.2390 Fax 432.687.0277

I _____ authorize U.S. Representative K. Michael Conaway and members of his staff to initiate an inquiry on my behalf that may require the release of information under the Privacy Act of 1974.

DESCRIPTION OF THE PROBLEM:

SIGNATURE _____

Social Security # : _____ Date of Birth: _____

Place of Birth: _____

VA File # (if applicable): _____

Immigration A# (if applicable): _____, or Receipt #: _____

Passport Locator # (if applicable): _____

Home #: () _____ Cellular #: () _____

Work #: () _____ Fax #: () _____

Mailing Address:

Street: _____

City: _____ State: _____ Zip: _____

Permanent Residence Address:

Street: _____

City: _____ State: _____ Zip: _____