

Casework Authorization Form

If you are requesting assistance with a matter concerning a federal agency, please complete this form and return it by mail or fax to:

Congresswoman Susan A. Davis
4305 University Ave., Ste. 515
San Diego, CA 92105
Fax (619) 280-5311

Name: _____

Telephone Number: _____

Home Address: _____

Social Security Number: _____ **Date of Birth:** _____

Federal Agency Involved: _____

Case Number or Other Identifying Information: (For military and veterans cases, indicate your *branch of service, rank, and dates of service*. For immigration cases, indicate *the type of application or petition filed and your case number*.)

Please read and sign below:

I am aware that the Privacy Act of 1974 prohibits the release of information in my file without my approval. I authorize Congresswoman Susan Davis and her staff to request and receive information regarding this matter from the proper agencies.

Signature: _____ *Date:* _____

Please explain the problem you are having:

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