



Privacy Act / Casework Form
U.S. Representative Tim Walberg

Print Form

Contact Information

| | |
|-------------------------|-------------|
| Name(s): | |
| Social Security Number: | Birthdate: |
| Address: | |
| Home Phone: | Email: |
| Cell Phone: | Work Phone: |

Case Information

| | |
|---|-------------------------------------|
| Agency: | |
| Veteran's claim number: (if applicable) | Other number identifying your case: |
| Date and place claim was filed: (if applicable) | |
| Background Information regarding Assistance Requested: (please attach supporting documentation) | |

Privacy Release

In accordance with the provisions of the Privacy Act, I hereby authorize U.S. Representative Tim Walberg or a member of his staff to make the appropriate inquiry on my behalf.

| | |
|------------|---------|
| Signature: | 1/27/14 |
|------------|---------|