



**CASEWORK AUTHORIZATION FORM  
PRIVACY RELEASE  
MARCIA L. FUDGE  
U.S. MEMBER OF CONGRESS**

**Please Email, Fax or Mail your completed form via U.S. Postal Mail service at:  
4834 Richmond Road, Warrensville Heights, OH 44128**

**Phone: 216-522-4900 Fax: 216-522-4908**

**CASEWORKER** \_\_\_\_\_

**NAME:** \_\_\_\_\_  
First M.I. Last

**ADDRESS:** \_\_\_\_\_  
Street Apartment Number  
\_\_\_\_\_  
City State Zip

**PHONE:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**SOCIAL SECURITY#:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Have you contacted other Congressional Offices regarding your issue? If so, when & what was the outcome?** \_\_\_\_\_

**I RESPECTFULLY REQUEST AND AUTHORIZE REPRESENTATIVE MARCIA L. FUDGE , AND OR HER STAFF TO PLACE AN INQUIRY ON MY BEHALF AND TO RECEIVE INFORMATION FROM THE PROPER OFFICIALS REGARDING MY CONCERNS.**

**SIGNED:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**NOTE: THE PRIVACY ACT (5 USC 552a (b)) REQUIRES THE COMPLETION OF THIS FORM IN ORDER FOR CONGRESSWOMAN MARCIA L. FUDGE TO RECEIVE INFORMATION ON BEHALF OF CONSTITUENTS.**