



**CONGRESSMAN RICK CRAWFORD**  
**CONGRESSIONAL CASEWORK AUTHORIZATION FORM**  
*Under the provisions of the privacy act of 1974*

*Please Type or Print Only*

Name:  Mr.  Mrs.  Ms. \_\_\_\_\_

Current Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Federal Agency Involved: \_\_\_\_\_

Claim or Case Number: \_\_\_\_\_

Filing Date: \_\_\_\_\_

I request the assistance of Congressman Rick Crawford in the following federal matter:  
*(Please provide a brief explanation of your problem and attach photocopies of documents relevant to this case. Use additional paper as necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I authorize Congressman Rick Crawford and his staff to act on my behalf to transmit and/or receive information pertinent to my request for assistance.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please print and return this form to: Congressman Rick Crawford, 2400 E Highland, Suite 300, Jonesboro, AR 72401.**