



CONGRESSMAN TED DEUTCH (FL-22)

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CASEWORK AUTHORIZATION FORM

The Privacy Act of 1974 prohibits federal agencies from disclosing any records without your written consent. Please sign and submit this form by mail or fax or email. If you are inquiring on some else's behalf, that person must sign this form.

Full Name _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email _____

Gender _____ Date of Birth _____

Social Security Number _____ Veteran Claim Number _____

In accordance with the Privacy Act, I hereby authorize Congressman Ted Deutch and his staff to inquire on my behalf. I also authorize that agency to transmit any available records regarding this inquiry to the office of Congressman Deutch.

Signature _____ Date _____

Describe the issue below. If you need more space, attach additional sheets. Feel free to include additional documentation.
