



Office of Congressman Curt Clawson of Florida CASEWORK AUTHORIZATION FORM

PLEASE PRINT OR TYPE

Last Name: _____ First: _____ MI: (Mr., Mrs., Ms., Other: _____)

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Email: _____ Fax: _____

Date of Birth: _____ Social Security#: _____ Claim/Alien#: _____

Federal Agency Involved: _____

Action Requested (use additional information as necessary): _____

Important Note: *The Privacy Act requires that you authorize access to your private records. Without your signature to authorize access, an inquiry on your behalf will not be done. Also, if you would like for us to give information from your file to anyone other than yourself, (e.g., spouse, guardian, etc.), please authorize this by identifying that individual in the space provided below. YOUR CASE CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE!*

Be sure to complete the entire form.

To Whom It May Concern:

I authorize the Office of Congressman Curt Clawson to receive information from my personal files and to act on my behalf.

Signature: _____ Date: _____

I also authorize the Office of Congressman Curt Clawson to release my information to the following individual(s):

Name: _____ Relationship: _____

Return to:
Office of Congressman Curt Clawson
3299 Tamiami Trail East St# 105
Naples, FL 341125

Fax to:
239-252-8065