



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

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

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

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

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

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

SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

I, \_\_\_\_\_ hereby authorize Congressman Rick Crawford and his/her staff to work on my behalf with **any federal agency** relevant to the matter described below, to receive and review any information contained in my file and, if necessary, to forward any pertinent correspondence sent by me regarding this matter.

*(Please provide a brief explanation of your issue and the agency involved)*

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

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

Please check this box if you wish to receive my email newsletter!  
*(NOTE: Leaving this box unchecked will not impact communication related to your case.)*

**Please complete and return this form to the appropriate office address or fax number, as instructed.**

Jonesboro District Office:  
2400 E. Highland Ste. 300  
Jonesboro, AR 72401  
Phone: (870) 203-0540  
Fax: (870) 203-0542

Cabot Office:  
112 South First St.  
Cabot, AR 72023  
Phone: (501) 843-3043  
Fax: (501) 843-4955

Mountain Home Office:  
1001 Hwy 62 E.  
Mountain Home, AR 72653  
Phone: (870) 424-2075  
Fax: (870) 424-3149