



**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) \_\_\_\_\_ (Cell) \_\_\_\_\_

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

Medicare Beneficiary Identifier # \_\_\_\_\_ (if matter pertains to Medicare)

*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.*

**Federal Agency with which I need assistance:** \_\_\_\_\_  
*Social Security, VA, USCIS, USDA, etc.*

**Please provide an explanation of the matter:** \_\_\_\_\_

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

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

Please check this box if you wish to receive my email newsletter!

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