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!

Jonesboro District Office: Cabot Office: Mountain Home Office:
2400 E. Highland Ste. 300 112 South First St. 1001 Hwy 62 E.
Jonesboro, AR 72401 Cabot, AR 72023 Mountain Home, AR 72653
Phone: (870) 203-0540 Phone: (501) 843-3043 Phone: (870) 424-2075
Fax: (870) 203-0542 Fax: (501) 843-4955 Fax: (870) 424-3149

Please complete and return this form to the appropriate office address or fax number, as instructed. Rev. 01/2020