



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:
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

Dumas Office:
101 E. Waterman St.
Dumas, Arkansas 71674
Phone: (870) 377-5571