



**Congressman Garret Graves**  
2351 Energy Dr. Suite 1200, Baton Rouge, LA 70808  
Phone: 225-442-1731 Fax: 225-442-1736

***AUTHORIZATION FORM***

NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER OR ID: \_\_\_\_\_

AGENCY INVOLVED: \_\_\_\_\_

NUMBERS IDENTIFYING CASE: (VA CLAIM, RECEIPT #, ALIEN REGISTRATION #, PASSPORT #, USCIS APPLICATION #, SSA #, BRANCH OF SERVICE) :

NATURE OF THE PROBLEM: HOW WOULD YOU LIKE CONGRESSMAN GRAVES TO ASSIST YOU? PLEASE EXPLAIN FULLY:

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**PLEASE NOTE:**

**The Privacy Act of 1974 requires that Members of Congress or their staff have written authorization before they can obtain information about an individual's case. We must have your signature to proceed with a casework inquiry.**

**I give Congressman Garret Graves authority to act on my behalf**

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

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