



**CONGRESSMAN TED DEUTCH (FL-21)**

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**CASEWORK AUTHORIZATION FORM**

The Privacy Act of 1974 prohibits federal agencies from disclosing any records without your written consent. Please sign and submit this form by mail or fax. If you are inquiring on someone else's behalf, that person must sign this form.

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Street Address: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Relevant Identification Numbers (Veteran Claim #, Alien #, etc.):

\_\_\_\_\_

Check here to receive monthly news updates from Congressman Ted Deutch.

**In accordance with the Privacy Act, I hereby authorize Congressman Ted Deutch and his staff to inquire on my behalf. I also authorize that agency to transmit any available records regarding this inquiry to the office of Congressman Deutch.**

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

Describe your problem below. Feel free to include additional documentation:

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