CONGRESSWOMAN KIRSTEN E. GILLIBRAND

CONGRESSIONAL CASEWORK AUTHORIZATION FORM

Under the provisions of the Privacy Act of 1974

Name: ☐ Mr. ☐ Mrs. ☐ Ms.

Current Residential Address:

City: State: Zip:

E-Mail:

Telephone: (Home) Telephone: (Work)

Social Security Number: Date of Birth:

Federal Agency Involved:

Are you a Veteran: ☐ Yes ☐ No What Branch of Service:

I request the assistance of Congresswoman Kirsten E. Gillibrand in the following federal matter:
(Please provide a brief explanation of your problem and attach photocopies of documents relevant to this case. Use additional paper as necessary.)

Please answer the following questions:

Have you previously contacted our office regarding this matter? ☐ Yes ☐ No

Have you appealed the agency decision on this matter? ☐ Yes ☐ No

Are you represented by an attorney in this matter? ☐ Yes ☐ No

If so, may we discuss your case with your attorney? ☐ Yes ☐ No

Congresswoman Gillibrand and her staff may discuss my case with the following individuals:

I authorize Congresswoman Kirsten E. Gillibrand and her staff to act on my behalf to transmit and/or receive information pertinent to my request for assistance. Also, I understand that I am not required to make payment, in any form, for services redered to me from the Office of Representative Kirsten E. Gillibrand.

Signature: Date:

Mail To:

Print Form