



Office of Congressman Mike Coffman

3300 S. Parker Road, Cherry Creek Place IV Suite #305, Aurora, CO 80014
Main: (720) 748-7514 | Fax: (720) 748-7680

CASEWORK AUTHORIZATION & PRIVACY ACT RELEASE FORM

(Please type or print)

Full Name: _____

Street Address/Apt #: _____

City, State, Zip: _____

Social Security #: _____ Birthdate: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Loan #: _____ Agency/VA Claim #: _____

Please describe the type of assistance you are seeking from the Representative's office. Include agency claim numbers and copies of all relevant documents and correspondence. If necessary, use a separate sheet of paper.

Which agency(s) have you contacted? _____

Have you contacted another Member of Congress about this matter? _____

Have you hired an attorney? _____ Is there a pending court case? _____

What problem are you having with the agency(s)? _____

How would you like Congressman Coffman to help you? _____

Pursuant to the Privacy Act of 1974 (5 U.S.C. §552a), I hereby authorize appropriate governmental agencies to release information about me and relevant to this inquiry to Congressman Coffman and/or his Constituent Advocate.

Signature

Date