

AUTHORIZATION/SERVICE FORM

SERVICE FORM#: CID - \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/09

WARD/DIV: \_\_\_\_/\_\_\_\_

SOC. SEC. #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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

ID/CLAIM #: \_\_\_\_\_

INTAKE PERSON: \_\_\_\_\_

ENTERED IN SYSTEM: \_\_\_\_\_



CONSTITUENT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBERS (H): \_\_\_\_\_ (W): \_\_\_\_\_

CELL/ADDITIONAL PHONE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

REQUEST/PROBLEM: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DEAR CONGRESSMAN BRADY:

I authorize you and/or your staff to obtain from the federal agency specified above any personal information needed to assist you in helping me with the problem which I referred to your office. I understand that this form is required by federal law in conjunction with the PRIVACY ACT OF 1974 which prohibits the release of information without my written consent. ANY ADDITIONAL INFORMATION YOU MAY NEED IN ASSISTING ME WITH THIS PROBLEM IS PROVIDED IN THE ATTACHED LETTER ADDRESSED TO YOU.

CONSTITUENT SIGNATURE: \_\_\_\_\_