

Print this form and fax or mail to:  
**Congressman Dana Rohrabacher**  
**101 Main Street, Suite 380**  
**Huntington Beach, CA 92648**  
**Phone: (714) 960-6483**  
**Fax: (714) 960-7806**

**Authorization Sheet**

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

Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

Agency Involved: \_\_\_\_\_

Numbers Identifying Case (VA claim, Alien number, tax ID, etc.)  
\_\_\_\_\_

Date and Place Claim was Filed: \_\_\_\_\_

Please describe problem in detail:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In accordance with the provisions of the Privacy Act, I hereby authorize Congressman Dana Rohrabacher or a member of his staff to make the appropriate inquiry on my behalf.  
Sincerely,

(Signature)  
\_\_\_\_\_