



Congresswoman Jaime Herrera Beutler

Casework Permission Form

Date: _____

Name: _____

Address: _____

City/State: _____ Zip: _____

E-mail: _____

Daytime Phone: _____ Other Phone: _____

Your own Social Security number: _____

Social Security under which you are applying for or receiving benefits: _____

Other pertinent numbers: _____

Date of Birth: _____ Check here to receive my e-newsletter

Please describe the situation with which you seek assistance:

"I hereby request the assistance of Congresswoman Jaime Herrera Beutler in resolving the matter described above, and authorize Congresswoman Herrera Beutler and her staff in accordance with the Privacy Act of 1974 to receive any information that they may need in order to provide this assistance"

Signed: _____ Date: _____

Spouse's signature (required if information in spouse's file must also be released)

Signed: _____ Date: _____

"This information may also be released to the following (for example: spouse, parent, representative)":
