



# Congresswoman Jaime Herrera Beutler

## Casework Permission Form

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

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

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

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

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

Your own Social Security number: \_\_\_\_\_

Other pertinent id numbers: \_\_\_\_\_

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 to receive any information that they may need in order to provide this assistance"

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

\_\_\_\_\_  
\_\_\_\_\_

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

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

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