



CONGRESSMAN JOSH GOTTHEIMER (NJ-05)

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CASEWORK AUTHORIZATION FORM

The Privacy Act of 1974 prohibits federal agencies from disclosing any records without your written consent. Please sign and submit this form by mail or fax. If you are inquiring on someone else's behalf, that person must sign this form.

Full Name: _____ Phone: _____ - _____ - _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Date of Birth: _____ Social Security Number: _____

Relevant Identification Numbers (Veteran Claim #, Alien #, etc.):

Check here to receive periodic updates from Congressman Josh Gottheimer.

In accordance with the Privacy Act, I hereby authorize Congressman Josh Gottheimer and his staff to inquire on my behalf. I also authorize that agency to transmit any available records regarding this inquiry to the office of Congressman Gottheimer.

Signature: _____ Date: _____

Describe your problem below. Feel free to include additional information:

