

ID# _____

Congress of the United States
House of Representatives
Washington, D.C. 20515-1304

Authorization Case Sheet

Date/Fecha: _____

New Inquiry

Follow-up

First and Last Name/ <i>Primer nombre y Apellido</i>		
Daytime phone/ <i>Teléfono de día</i>		Nighttime phone/ <i>Teléfono de noche</i>
Street address/ <i>Domicilio</i>		Email/ <i>Correo electrónico</i>
City/ <i>Ciudad</i>	State/ <i>Estado</i>	Zip code/ <i>Código Postal</i>
Social Security Number/ <i>Numero de Seguro Social</i>		Date of Birth/ <i>Fecha de Nacimiento</i>

Problem Area (please check one)

Area de Problema (por favor especifique uno)

- Welfare IRS Prison Social Security Medicare Medicaid
 Veterans Military Post Office Health Care Housing Education
 Labor Other

PLEASE SPECIFY PROBLEM/ FAVOR ESPECIFICAR PROBLEMA:

I authorize Congressman Luis V. Gutierrez or a member of his staff to make the appropriate inquiry on my behalf.

Sincerely,

X _____