



# Office of Congressman Phil Roe



## Congressional Casework Authorization

Please Type or Print Only:

Name: Mr.Mrs.Ms. \_\_\_\_\_

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

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

Home # \_\_\_\_\_ Business# \_\_\_\_\_ Cell# \_\_\_\_\_

DOB: \_\_\_\_\_ SS# \_\_\_\_\_ ID, File, or Alien# \_\_\_\_\_

Mother's Maiden Name: \_\_\_\_\_ (for Social Security cases only)

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

Would you like to receive Congressman Roe's E-newsletter? (circle one) Yes or No

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

I request the assistance of Congressman Phil Roe in the following federal matter:  
(Please provide a brief explanation of your problem and attach photocopies of documents relevant to this case. Use additional paper as necessary.)

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

I authorize Congressman Phil Roe to act on my behalf with any federal agency to transmit and/or receive information pertinent to my request for assistance. This complies with the Health Insurance Portability and Accountability Act of 1996 and the Privacy Act of 1974.

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

Please mail to: Congressman Phil Roe  
1609 Walters State CC Drive, Unit 4, Morristown, Tennessee 37813; or fax to (423) 254-1403  
OR  
205 Revere Street, Kingsport, Tennessee 37660; or fax to (423) 247-0119