Congress of the United States House of Representatives

Office of Congressman Gregorio Kilili Camacho Sablan Casework Consent and Information Form

The Privacy Act of 1974 requires that Members of Congress or their staff have written authorization before they can obtain information about an individual's case. Please fill out this form completely.

It must have your signature to proceed with a casework inquiry.

Business/Organization:	
Mailing Address:	
City, State, Zip Code:	
Phone Number(s):	Email Address:
Federal Agency/Department(s) Involved:	
Case/Claim Number, if any:	
company's case to Congressman Gregorio K	, of, or, or, or organization(s) listed above to release information relevant to my Kilili Camacho Sablan, and/or his staff. I further authorize Congressman access to all records, information, and reports pertinent to my request for
Nature of Problem: Please use additional pag	ges if needed.
names of any individual(s) that you authorize	with anyone without your permission. Please check the box and provide the us to discuss and provide updates on your case. Include your relationship to evoke your authorization at any time by sending a written letter listing the oking authorization.
Authorized individual(s):	
SIGNATURE:	DATE:
PRINT NAME:	

Please print, sign and date this form. Then return via email, fax, or mail to: EMAIL: kilili@mail.house.gov

2267 Rayburn House Office Bldg. Washington, DC 20515 Fax: (202) 226-4249 P.O. Box 504879 Saipan, MP 96950 Fax: (670) 323-2649 P.O. Box 1361 Rota, MP 96951 Fax: (670) 532-2649 P.O. Box 520394 Tinian, MP 96952 Fax: (670) 433-2648