

# 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.*

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

Date of Birth: \_\_\_\_\_ Social Security/Alien #: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_ Email Address: \_\_\_\_\_

Federal Agency/Department(s) Involved: \_\_\_\_\_

Case/Claim Number, if any: \_\_\_\_\_

I, \_\_\_\_\_, authorize the agency(ies), department(s) or organization(s) listed above to release information relevant to my case to Congressman Gregorio Kilili Camacho Sablan, and/or his staff. I further authorize Congressman Sablan and/or his staff to request and have access to all records, information, and reports pertinent to my request for his assistance in the following matter:

**Nature of Problem:** *Please use additional pages if needed.*

*We are prohibited from discussing your case with anyone without your permission. Please check the box and provide the names of any individual(s) that you authorize us to discuss and provide updates on your case. Include your relationship to them (e.g., parent, sibling, friend). You may revoke your authorization at any time by sending a written letter listing the names of the individuals to whom you are revoking 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](mailto: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