



OFFICE OF CONGRESSMAN G. K. BUTTERFIELD  
**CONSTITUENT AUTHORIZATION FORM**

(Under the Privacy Act, your signature is required to give our office permission to obtain information from government agencies regarding this matter.)

This gives Congressman G. K. Butterfield and/or his staff authorization to obtain necessary records and make appropriate inquiries about the matter which I have described below.

NAME(s): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

COUNTY: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_  
*(Federal Agency Involved)*

AGENCY: \_\_\_\_\_

FILE #/CASE #: \_\_\_\_\_

Please briefly describe the problem or situation with which you are requesting intervention:

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

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*(Electronic signatures will not be accepted)*

*Office use only*

STAFF INITIALS: \_\_\_\_\_