



SENATOR ADAM B. SCHIFF
CONGRESSIONAL CASEWORK AUTHORIZATION FORM
Under the provisions of the privacy act of 1974

Please Type or Print Only

Dr. Mr. Mrs. Ms. Mx. Name: _____

Current Home Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Telephone: (cell) _____ (other) _____

Date of Birth: _____

Social Security Number (if applicable): _____

Medicare Number (if applicable): _____

Relevant Tax Year (s) (IRS): _____

Federal Agency Involved: _____

Are you a veteran? Yes _____ No _____ What Branch of Service? _____

I request the assistance of Senator Adam B. Schiff 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).

Senator Schiff and his staff may discuss my case with the following individuals:

I authorize Senator Adam B. Schiff and his staff to act on my behalf to transmit and/or receive information pertinent to my request for assistance. Also, I understand that I am not required to make payment, in any form, for services rendered to me from the Office of Senator Adam Schiff.

Signature: _____ Date: _____

Please email this completed form to:

Schiff_California@schiff.senate.gov