U.S. Congressman Joel Hefley
Casework Authorization Form

I DO HEREBY AUTHORIZE _____

TO RELEASE ALL INFORMATION REQUESTED BY _____,

STAFF ASSISTANT TO CONGRESSMAN JOEL HEFLEY.

DATE_____

PRINTED NAME_____

SIGNED NAME_____

ADDRESS_____

_____

DATE OF BIRTH_____ **PHONE NUMBER**_____

OWCP and/or VA NUMBER_____ **SSN**_____

PLEASE MAIL COMPLETED FORM TO CONGRESSMAN HEFLEY'S COLORADO SPRINGS OFFICE:

104 S. CASCADE AVE., SUITE 105
COLORADO SPRINGS,CO 80903

OR FAX TO:

(719) 520-0840