Jo Ann Emerson
Request for Assistance/ Privacy Act Authorization

NAME:
(MR.MRS.MISS,DR.)_____

ADDRESS:_____

CITY:_____ZIP:_____

PHONE:
(HOME)_____(WORK)_____

SOCIAL SECURITY #:_____ VA

CLAIM#:_____

DATE OF BIRTH:_____

OTHER#:_____

DESCRIBE PROBLEM AND/OR

CONCERN/QUESTION(S):_____

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I give Representative Jo Ann Emerson, or a member of her staff, my permission, under the Right to Privacy Act, to assist me with my current concern and to contact the appropriate agencies on my behalf.

PLEASE ATTACH COPIES OF PAPERS RELATED TO CONCERN

_____

SIGNATURE DATE

Upon completion, please fax or mail to the office nearest you. If you have any questions about the office location closest to your area, call any of the **offices listed here**.

FOR OFFICE USE ONLY

Legis_____ Telephone_____ Mobile Visit_____
Case _____ Mail _____ Staff Member_____
Request_____ Office Visit_____ Date_____