

**Congresswoman Jackie Walorski
Indiana 2nd District**

CASEWORK REQUEST FORM

To request casework assistance, please print, complete, and sign the form below, and mail or fax both pages to Congresswoman Walorski's office:

**Office of Congresswoman Jackie Walorski
Attn: Casework Assistance Request
202 Lincolnway East, Suite #101
Mishawaka, IN 46544**

**Fax Number:
(574) 217-8735**

If you have any questions, please call (574) 204-2645.

PERSONAL INFORMATION

Name (First, MI, Last)

_____/_____/_____
Date of Birth

_____-_____-_____
Social Security Number

Address

City, State, Zip

(_____)_____-_____
Telephone Number

Email Address (optional)

PRIVACY RELEASE

The Privacy Act of 1974 requires that Members of Congress or their staff have written before they can obtain information about an individual's case. We must have your signature to proceed with a casework inquiry.

I authorize the release of personal information to the office of U.S. Representative Jackie Walorski. I authorize Congresswoman Walorski and her staff to request and have access to all records and reports pertinent to my request for assistance in this matter.

Signature: _____ **Date:** ____/____/____

