

Congress of the United States
House of Representatives
Washington, DC 20515-3224

CONSTITUENT AUTHORIZATION FORM

Please complete this form and return it to the appropriate office with all the necessary information.

OFFICE CONTACT INFORMATION

Please return this form to the office below:

Congressman John Katko
440 S. Warren Street, Suite 711
Syracuse, New York 13202
Telephone: (315) 423-5657
Fax: (315) 423-5604

Privacy Authorization: Pursuant to the Privacy Act of 1974 (5 U.S.C. § 552A):

I, _____ authorize the Office of Congressman John Katko
Please Print Name
(NY-24) Congressional District-New York State) to contact and share my correspondence and/or information with any federal agency or relevant organization on my behalf and to receive information and/or records pertaining to my case.

DATE: _____

SIGNATURE: _____

Spouse or other Signature applicable to case: _____

