

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: _____

CASEWORK INFORMATION: Please provide the required information below

Name:	Social Security #:	Date of Birth:
Street Address:	City/Town:	Zip Code & County:
Home Phone: area Code ()	Cell Phone: area Code ()	Work Phone: area Code ()
Email: _____ Please check box if you <u>DO NOT</u> wish to receive updates from Congressman Katko via email.		<input type="checkbox"/>

PREFERRED METHOD OF CONTACT: Mail ☐ Email ☐

AGENCY OR DEPARTMENT ASSOCIATED WITH YOUR CASE: _____

PLEASE PROVIDE: Identification Numbers relevant to your case (VA Service Number, Immigration "A" or Case Number)

EXPLANATION OF ASSISTANCE AND OUTCOME DESIRED: