



Case Authorization and Privacy Release Form

Please Print

NAME _____ DATE _____

HOME ADDRESS _____

CITY _____ NEW MEXICO ZIP _____

HOME PHONE _____ WORK PHONE _____

EMAIL ADDRESS _____ FAX _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

Are you working with any other NM Delegation member (Y) _____ (N) _____
If so, whom? _____

Please provide any other identification numbers relevant to your case, such as Veteran Case ID number, CSA number, IRS number, INS number, etc.

Please list any agencies you may have contacted regarding this issue as well as the date of contact and result of that inquiry. _____

You may also submit your case online at LujanGrisham.House.Gov

Attach a typed or clearly written description of the problem and any relevant documentation.

I hereby request and authorize United States Representative Michelle Lujan Grisham and/or members of her staff, to make an inquiry on my behalf in addressing this matter. I further understand that I will save harmless any agencies divulging information pursuant to this release of information, as well as Representative Michelle Lujan Grisham and/or any representative of her staff in these matters.

Printed Name: _____

Signature: _____ Date _____

(In order to comply with the provisions of the Privacy Act of 1974, it is necessary that your signature be on file)

PLEASE SIGN AND RETURN TO:

Rep. Michelle Lujan Grisham

505 Marquette Ave, NW

Suite 1605

Albuquerque, NM 87102

Phone: (505)-346-6781

Fax: (505) 346-6723

Cisco.Padilla2@mail.house.gov

