



AUTHORIZATION FORM

By providing the information below and signing this form, I hereby authorize the appropriate agency to furnish the office of U.S. Senator Lindsey Graham information pertaining to my claim or request. This authorization is in accordance with the Privacy Act of 1974.

Full Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Social Security Number: _____ Date of Birth: _____

Passport Locator Number (if applicable): _____ Visa Receipt (if applicable) _____

Travel Date: _____ Travel Location: _____

In the space below, briefly describe the problems that you are experiencing and explain exactly what you would like Senator Graham to do on your behalf. Without this information, it will be impossible for Senator Graham to adequately assist you.

Signed: _____ Date: _____

NOTE: A physical signature is required.

Have you contacted another Member of Congress? Name of Member: _____

NOTE: Those requesting assistance from Senator Graham should note that if they are represented by an attorney. This is to eliminate any confusion and it is in the best interest of the client.

If represented by an attorney, please give attorney's name _____