



UNITED STATES SENATE

# AUTHORIZATION FORM

**Please Return to the Office Nearest You:**

**Upstate Regional Office**

2 West Washington Street  
Suite 808  
Greenville, SC 29601  
Main: (864) 250-1417

**Midlands Regional Office**

2142 Boyce Street  
Suite 404  
Columbia, SC 29201  
Main: (803) 933-0112

**Pee Dee Regional Office**

McMillan Federal Building  
401 West Evans Street  
Suite 111  
Florence, SC 29501  
Main: (843) 669-1505

**Lowcountry Regional Office**

4 Carriage Lane  
Suite 401  
Charleston, SC 29407  
Main: (843) 849-3887

**Piedmont Regional Office**

235 East Main Street, Suite 100  
Rock Hill, SC 29730  
Main: (803) 366-2828

**Golden Corner Regional Office**

124 Exchange Street  
Pendleton, SC 29678  
Main: (864) 646-4090

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.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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. (If you need more space, please use the back of the form).

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Signed: \_\_\_\_\_ Date: \_\_\_\_\_

NOTE: Those requesting assistance from Senator Graham should note that if they are represented by an attorney, that attorney must contact the Senator's office by letter or telephone before action can proceed. 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 \_\_\_\_\_