



UNITED STATES SENATE

AUTHORIZATION FORM

Please Return to the Office Nearest You:

Upstate Regional Office
130 South Main St.
7th Floor
Greenville, SC 29601
Main: (864) 250-1417

Midlands Regional Office
508 Hampton Street
Suite 202
Columbia, SC 29201
Main: (803) 933-0112

Pee Dee Regional Office
McMillan Federal Building
401 West Evans Street
Suite 226B
Florence, SC 29501
Main: (843) 669-1505

Lowcountry Regional Office
530 Johnnie Dodds Boulevard,
Suite 202
Mt. Pleasant, SC 29464
Main: (843) 849-3887

Piedmont Regional Office
140 East Main Street, Suite 110
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 _____ (agency name) 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: _____ VA Number (if applicable): _____

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).

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 _____