

**CONSTITUENT SERVICE REQUEST FORM**

**Personal Information**

Full Name (Last Name, First Name, Middle Initial):

\_\_\_\_\_

Date of Birth (MM/DD/YYYY): \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, and Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Social Security      Medicare      Veterans Affairs      IRS      OPM      Other Concern/Agency

Social Security Number: \_\_\_\_\_ Case/Loan/ ID Number (if applicable): \_\_\_\_\_

Branch of Service (if applicable): \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Case Number/ Description: \_\_\_\_\_

Have you contacted another elected official about this issue?      Yes      No

If so, who? \_\_\_\_\_

What resolution are you seeking? (Use a separate sheet of paper if more space is needed)

I hereby authorize any relevant entity or Federal Agency to release personal information to Representative Jamie Raskin and his staff relevant to the matter described on this form. I authorize Representative Jamie Raskin to request and have access to all records and reports pertinent to my request for assistance.

\_\_\_\_\_

**Print Constituent's Name**

\_\_\_\_\_

**Constituent's Signature**

\_\_\_\_\_

**Date**

**RETURN TO: Representative Jamie Raskin, ATTN: Constituent Services**  
MAIL: 51 Monroe St., Suite 503, Rockville, MD 20850 | OR EMAIL: [Raskin.Casework@mail.house.gov](mailto:Raskin.Casework@mail.house.gov)  
Call: (301) 354-1000 with any questions