

**Constituent Authorization Form**  
VA/Military Casework

Full Name: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Social Security No: \_\_\_\_\_

VA Claim #: \_\_\_\_\_

Military Branch: \_\_\_\_\_

Additional Remarks: (briefly describe what you would like Senator Pryor to try to do for you, including the type of benefits you are seeking.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE ATTACH ANY DOCUMENTATION RELEVANT TO THE RESOLUTION OF YOUR INQUIRY.**

The information that I have provided Senator Pryor is true and accurate to the best of my knowledge and belief. The assistance that I have requested from Senator Pryor's Office is in no way an attempt to evade or violate any federal, state, or local law. In accordance with the provisions of the Privacy Act I, I authorize the Office of Senator Mark Pryor to secure any information required in the effort to resolve my concerns.

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

*Please Return to:*  
*Office of U.S. Senator Mark Pryor*  
*The River Market, 500 Clinton Avenue, Suite 401, Little Rock, AR 72201*  
*phone: (501)324-6336 fax: (501)324-5320*