

MARK PRYOR  
ARKANSAS  
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**United States Senate**  
WASHINGTON, DC 20510

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**Constituent Authorization Form**  
Social Security Casework  
(Please Print)

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

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

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

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

Social Security No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Please check the type of Social Security benefits applied for:

\_\_\_\_\_ Supplemental Security Income (SSI)      \_\_\_\_\_ Retirement Benefits  
\_\_\_\_\_ Social Security Disability      \_\_\_\_\_ Survivor's Benefits  
\_\_\_\_\_ Disabled Widow/Widower's Benefits      \_\_\_\_\_ Black Lung Benefits

Has your claim been denied? \_\_\_\_\_

If so, have you filed an appeal? \_\_\_\_\_ What was the date of your appeal? \_\_\_\_\_

At what level is your appeal? Please choose one:

Reconsideration      Administrative Law Judge      Appeals Council      Federal District Court

What is your disability:

**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*