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I hereby request assistance in the following federal matter:

() Social Security/Medicare SSN: _____
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Please summarize in a few sentences exactly how my office can assist. Please be specific.

Please sign below to permit information from your file to be given to any agency deemed necessary. The Privacy Act of 1974 (PL 93-579) requires that you authorize access to your private records. **Without your authorization, an inquiry on your behalf will not be possible.**

Signature: _____ Date: _____

When this form is completed and signed, **electronically (preferred) or physically mail it to:**

Email Contact: Cynthia Barile, Constituent Services Director at Cynthia.Barile@mail.house.gov.

Mailing Address: U.S. Representative Ed Royce, 210 W. Birch Street, Suite 201, Brea, CA 92821.