



Congressman  
**Jimmy Gomez**  
 California's 34th Congressional District

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## CASEWORK AUTHORIZATION FORM

### INSTRUCTIONS

Please use this form to authorize Congressman Jimmy Gomez and his staff to contact a federal agency about a problem you are having and authorize that agency to release information about your case to his office. Please Note: The Privacy Act of 1974 requires that Members of Congress or their staff have written authorization before they can obtain information about an individual's case. We must have your signature to proceed with this request.

Once you complete this form, attach copies of any relevant correspondence (letters, decisions, receipts, notices, etc) that pertains to your case and return everything to Rep. Gomez's Los Angeles district office. Please allow three business days for a caseworker to process your case and contact you.

Name:

Home Address:  Home Phone:

Cell Phone:

Email Address:  Date of Birth:

Primary Language:   Female  Male

Social Security or A Number:

Federal Agency:  Examples: Social Security, IRS, USCIS, Passport

By submitting this form, you are subscribing to e-alerts from Congressman Jimmy Gomez. Check here to opt-out.

I hereby authorize the federal agency named above to release information to Congressman Jimmy Gomez and his staff regarding the problem described below.

Signature \_\_\_\_\_ Date:

Description of the problem you are experiencing: Please be concise. Attach an additional page if necessary.

Please return completed form to:  
 350 S. Bixel Street, Suite 120  
 Los Angeles, CA 90017  
 213-481-1427 Fax

For additional assistance,  
 please call 213-481-1425