

2310 RAYBURN HOUSE OFFICE BUILDING  
WASHINGTON, DC 20515-0539  
(202) 225-4111  
FAX: (202) 226-0335

210 WEST BIRCH STREET, SUITE 201  
BREA, CA 92821  
(714) 255-0101  
(909) 420-0010

DIAMOND PLAZA  
1380 SOUTH FULLERTON ROAD, SUITE 205  
ROWLAND HEIGHTS, CA 91748  
(626) 964-5123

[www.royce.house.gov](http://www.royce.house.gov)

UNITED STATES  
HOUSE OF REPRESENTATIVES



EDWARD R. ROYCE  
Thirty-ninth District-California

COMMITTEE ON  
FOREIGN AFFAIRS  
Chairman

COMMITTEE ON  
FINANCIAL SERVICES

Subcommittees:  
CAPITAL MARKETS AND  
GOVERNMENT SPONSORED ENTERPRISES  
HOUSING AND INSURANCE

CONGRESSIONAL CASEWORK AUTHORIZATION FORM

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ State: \_\_\_\_\_  
Phone (H): \_\_\_\_\_ Phone (W): \_\_\_\_\_  
Phone (C): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
Email: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**I hereby request assistance in the following federal matter:**

( ) Social Security/Medicare SSN: \_\_\_\_\_  
( ) Veterans Administration C#, CSS#, LHG#: \_\_\_\_\_  
( ) Military Branch/Service#: \_\_\_\_\_  
( ) USCIS, NVC & State Dept. Alien#: \_\_\_\_\_  
( ) Other Federal Agency \_\_\_\_\_

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](mailto:Cynthia.Barile@mail.house.gov).

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