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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 _____

USCIS receipt number or tracking number (no Social Security numbers): _____

Please review the second page of the attachment

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

Section below to be completed by the person who is the subject of the records:

I certify, under penalty of perjury, that 1) I provided or authorized all of the information in this privacy release and any document submitted with it; 2) I reviewed and understand all of the information contained in my privacy release and submitted with it; and 3) all of this information is complete, true, and correct.

I, (print your name) _____ authorize USCIS to release information contained in my USCIS records as relevant to checking my case status, and to the extent permitted by law, to Senator/Representative _____ and the Member's staff.

Signature (sign in ink): _____ Date: _____