

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

UNITED STATES  
HOUSE OF REPRESENTATIVES



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Thirty-ninth District—California

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FINANCIAL SERVICES

Subcommittees:  
CAPITAL MARKETS AND  
GOVERNMENT SPONSORED ENTERPRISES  
HOUSING AND INSURANCE

**CONGRESSIONAL CASEWORK AUTHORIZATION FORM**  
*(Formulario de Autorización de Casos del Congreso)*

Mr. (Sr) / Ms. (Sra) Name (Nombre de Pila): \_\_\_\_\_ Last Name (Apellido): \_\_\_\_\_  
Address (Dirección donde vive): \_\_\_\_\_  
City (Ciudad): \_\_\_\_\_ Zip ( Código Postal): \_\_\_\_\_ State (Estado): \_\_\_\_\_  
Phone (Número de teléfono): \_\_\_\_\_ Date of Birth (Fecha de nacimiento): \_\_\_\_\_  
Birthplace (Lugar de nacimiento): \_\_\_\_\_ Email (Correo electrónico): \_\_\_\_\_  
Social Security # (Número de seguro social): \_\_\_\_\_

**I hereby request assistance in the following federal matter:**  
*(Agencia Federal):*

Social Security/Medicare (*Seguro Social/Medicare*)  
Veterans Administration (*Administración de Veteranos*) C#, CSS#, LHG#: \_\_\_\_\_  
Military (*Militar*) Branch/Service # (*Sucursal/Servicio*): \_\_\_\_\_  
Immigration & Naturalization (*Inmigracion*) Alien # (*Número de Inmigracion*): \_\_\_\_\_  
Other Federal Agency (*Otra agencia federal*) Please Specify (*Por favor especifica*): \_\_\_\_\_

Please summarize in a few sentences exactly what you want us to do for you. Please be specific.  
*(Por favor, resume en algunas oraciones exactamente lo que quiere que hagamos por usted. Por favor sea específico.)*

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Please sign below to permit information from your file to be given to any agency we 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.**

*(Yo autorizo al Congresista Raúl M. Grijalva y/o sus representantes a solicitar cualquier información pertinente para conseguir una respuesta sobre mi caso, conforme a la ley.)*

Signature (*Firma*): \_\_\_\_\_ Date (*Fecha*): \_\_\_\_\_

When this form is printed and signed, **electronically (preferred) or physically mail it to:**  
(*Cuando este formulario se completa y firma, electrónicamente (preferido) o enviarlo por correo físico a*):

**Email (*Contacto por correo electrónico*):**

Cynthia Barile, Constituent Services Director (*Directora de Servicios Constituyentes*) at  
Cynthia.Barile@mail.house.gov.

**Mailing Address (*Dirección Postal*):**

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