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## EDWARD R. ROYCE Thirty-ninth District-California Congressional Casework Authorization Form

케이스 접수양식 개인정보 양도 양식

Mr. 남 / Ms. 여 First Name (이름): \_\_\_\_\_ Last Name (성): \_\_\_\_\_  
Address (주소): \_\_\_\_\_  
City (도시): \_\_\_\_\_ Zip (우편 번호) \_\_\_\_\_ State (주): \_\_\_\_\_  
Phone (H) 전화 번호 \_\_\_\_\_ Phone (C) 휴대 번호 \_\_\_\_\_  
Date of Birth (출생지): \_\_\_\_\_ Birthplace (출생지): \_\_\_\_\_  
Email (이메일): \_\_\_\_\_ Social Security # \_\_\_\_\_

I hereby request assistance in the following federal matter:

- |   |                   |       |
|---|-------------------|-------|
| <input type="checkbox"/> Social Security/Medicare (소셜시큐리티/메디케어) | Social Security#: | _____ |
| <input type="checkbox"/> Veterans Administration (재향 군인)        | C#, CSS#, LHG#:   | _____ |
| <input type="checkbox"/> Military (군사)                          | Branch/Service#:  | _____ |
| <input type="checkbox"/> Immigration & Naturalization (이민)      | Alien#:           | _____ |
| <input type="checkbox"/> Other Federal Agency (기타)              |                   | _____ |

Please summarize in a few sentences exactly what you want us to do for you. Please be specific.  
요청하는 특정 정보 또는 문제의 정확한 특성을 설명해주세요. 어떠한 결과를  
원하시는지 말씀해주세요?  
\_\_\_\_\_  
\_\_\_\_\_

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.  
문제를 해결 할수 있게끔 서명을 부탁드립니다. 서명 없이 도아드릴수가 없습니다.  
대단히 감사합니다.

Signature 서명 \_\_\_\_\_ Date 날짜 \_\_\_\_\_