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Mr. 先生/ Ms. 女士 First Name (名): _____ Last Name (姓): _____
Address (住址): _____
City (鎮/市): _____ Zip(郵遞區號): _____ State (州): _____
Phone (H) 住家電話 _____ Phone (C) 手機 _____
Date of Birth (出生日期): _____ Birthplace (出生地/國): _____
Email (電郵地址): _____ Social Security # (社會安全號碼): _____

I hereby request assistance in the following federal matter:

謹此請求協助以下的聯邦事項:

- () Social Security/Medicare (聯邦社會福利/老人醫療福利) Social Security#: _____
() Veterans Administration (退伍軍人事務) C#, CSS#, LHG#: _____
() Military (軍務) Branch/Service#: _____
() USCIS, NVC & State Dept. (移民及入籍事務) Alien# (永久居留證/綠卡號碼): _____
() Other Federal Agency (其他聯邦事務) Please Specify, 請註明, _____

Please summarize in a few sentences exactly what you want us to do for you. Please be specific.
請具體簡要說明您需要我們為你做什麼。

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.

請在下面簽名授權我們將您的檔案提供給我們認為必要的機構。1974年(PL 93-579)的隱私法規
定必須有您的授權才能將您的私人記錄提供給他人。未經您的授權, 我們無法幫您進行調查。

Signature 簽名 _____ Date 日期 _____

When this form is printed and signed, **electronically (preferred) or physically mail it to:**
請將此表印出簽名後，以電子郵件（首選）或將原本郵寄至：

Email Contact（電子郵件聯絡地址）：Lauren Pong, Constituent Services Representative at
Lauren.Pong@mail.house.gov.

Mailing Address（原本郵寄地址）：

U.S. Representative Ed Royce, 1380 S. Fullerton Road, Suite 205, Rowland Heights, CA 91748.