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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 \_\_\_\_\_

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.