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CONGRESSIONAL CASEWORK AUTHORIZATION FORM

羅伊斯議員 國會個案工作授權書

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:

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#: _____

Immigration & Naturalization (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 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.**

Signature 簽名 _____ Date 日期 _____

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。

簽名 _____ 日期 _____