

UNITED STATES
HOUSE OF REPRESENTATIVES



LINDA T. SÁNCHEZ
Thirty-ninth District-California

CONGRESSIONAL CASEWORK AUTHORIZATION FORM

Congresswoman Linda T. Sánchez, 39th Congressional District, has my permission to gain access to my files to enable her and/or members of her staff to assist me with my issue, in accordance with the Privacy Act of 1974. I understand that Congresswoman Sanchez's work is provided free as a public service and that no one may charge a fee to gain access to her office.

Signature Date

NAME: _____

ADDRESS: _____

E-MAIL _____

DAY TIME NUMBER _____

SOCIAL SECURITY # _____ DATE OF BIRTH _____

FEDERAL AGENCY INVOLVED _____

DO YOU WANT YOUR CASE DISCUSSED WITH ANYONE ELSE? IF SO, WHO? _____

PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR ISSUE, USE THE BACK IF NECESSARY. PLEASE ATTACH A COPY OF YOUR PHOTO I.D. ALONG WITH ANY RELEVANT DOCUMENTS, BUT NO ORIGINALS.

