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http://Becerra.House.Gov

CASEWORK AUTHORIZATION FORM

INSTRUCTIONS

Use this form to authorize Congressman Xavier Becerra and his staff to contact a federal agency about a problem you are having and authorize that agency to release information about your case to his office. Please Note: The Privacy Act of 1974 requires that Members of Congress or their staff have written authorization before they can obtain information about an individual's case. We must have your signature to proceed with this request.

Once you complete this form, attach copies of any relevant correspondence (letters, decisions, receipts, notices, etc) that pertains to your case and return everything to Rep. Becerra's Los Angeles district office. Please allow three business days for a caseworker to process your case and contact you.

Your Name:										
Home Address:					Home Phone:					
					Work Phon	e:				
Email Address:						Dat	e of Birth:			
Primary Language:								F	emale 🗌 Male	:
Social Security or A	Number:]		
Federal Agency:								Examples Social Sec	:: curity, IRS, USCIS, I	Passpor
I hereby authorize th regarding the proble			ed above	to release inf	ormation to C	ongress	man Xavier	Becerra an	d his staff	
Signature: ———								Date:		
Description of the	problem y	ou are exp	eriencin	g: Please be	oncise. Attach	an addi	itional page	if necessary	/.	7