



# Office of Congressman Tony Cárdenas (CA-29)

## Casework Authorization Form

Under the Federal Privacy Act of 1974, we must have written authorization giving our office permission to look into a matter on your behalf. Please include any relevant identifying information and supporting documents which relate to your inquiry. We cannot accept email. We must have your signature to proceed with this request.

Please return signed and completed form via mail, fax or in person to: 9300 Laurel Canyon Blvd., 2<sup>nd</sup> FL  
Arleta, CA 91331  
FAX: (818) 504-0280

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Primary Language: \_\_\_\_\_

Address: \_\_\_\_\_

Street

Apt #

City

State

Zip

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### Please provide applicable identifying information

Social Security Number: \_\_\_\_\_ VA Claim Number: \_\_\_\_\_

Immigration Case Number: \_\_\_\_\_ Alien Number: \_\_\_\_\_

Mortgage Loan Number: \_\_\_\_\_ Other: \_\_\_\_\_

IRS: \*\*\* In addition to this form, please complete IRS form 8821

I request assistance in resolving the following problem I am having with (LIST AGENCY)

\_\_\_\_\_

Explain the problem including dates, locations, names. Use reverse side if necessary and include copies of applicable supporting documents.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I authorize (agency name) \_\_\_\_\_ to provide requested information related to my case to Congressman Cardenas and his staff.

Signature: \_\_\_\_\_

OFFICE USE ONLY: Deputy Assigned \_\_\_\_\_