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**CAPITOL OFFICE** Washington, DC 20515 202-225-6235

http://Becerra.House.Gov

## CASEWORK AUTHORIZATION FORM

## **INSTRUCTIONS**

Please 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.

Name:													
Home Address:						Home	Phone	<b>:</b> :					
						Cell Pl	none:						
Email Address:								Date	of Birth:				
Primary Language:											] Female	Mal	le
Social Security or A	Number:												
Federal Agency:										Examp		RS, USCIS,	Passport
Would you like to re	eceive e-m	ail updat	es from	Congre	ssman E	Becerra?					Yes 🗌	No	
I hereby authorize th regarding the proble			ned abo	ve to rel	ease info	ormation	to Cor	ngressn	nan Xavie	r Becerra	and his s	taff	
Signature									_	Date			
Description of the	problem y	ou are ex	perienc	ing: Pl	ease be c	oncise. A	ttach a	n addit.	ional pag	e if necess	ary.		