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## REPRESENTATIVE JUAN VARGAS 51st District, California

## CASEWORK AND PRIVACY AUTHORIZATION FORM

In accordance with the Privacy Act of 1974 (5 U.S.C. § 552), I hereby authorize Congressman Juan Vargas or a designated member of his staff, to inquire with the appropriate federal agencies stated below to provide assistance or to resolve the matter described below.

Signature:	Date:				
To begin processing your case, please complete all of the following information:					
Check One: Mr. Mrs. Ms. Dr.	Home Address:				
First Name:	City:				
Middle Name:	State: Zip:				
Last Name:	Home Phone:				
Date of Birth:	Mobile Phone:				
Social Security #:	Email:				
Would you like to receive email updates from Rep. Juan Vargas	? Yes No				
Federal Agency with which you need help:					
Have you contacted any other elected offices on this issue:					
Briefly explain the problem or the information desired * (Continue on back if necessary):					
*Please include copies of any relevant documentation related to your request.					
Also include the following information if relevant:					
IMMIGRATION:	MILITARY/VETERANS:				
Alien #:	Branch of Service:				
Form #: Date Filed:	Rank:				
USCIS Receipt #:	VA File #:				
Embassy Case #:	Dates of Service:				