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 supposing documents which relate to your inquiry. We cannot accept email. We must have your signature to proceed with this request. (Digital Signatures are not acceptable.)

Please return signed and completed form via mail, fax or in person to: 9612 Van Nuys Blvd. Suite 201 Panorama City, CA 91402 Phone: (818) 221-3718 Fax: (818) 221-3809 Date: Primary Language: Date of Birth: □ Mr. □ Mrs. □ Ms. Name: Address: Apt. # City Zip Code Street State Please provide applicable identifying information: (For immigration purposes, no Social Security number is needed) Veteran Claim Number: _____ Social Security Number: _____ Immigration Case Number: _____ Alien Number: Loan Provider: _____ Loan Number: _____ Education Account Number: Other: If you are seeking assistance with the IRS, in addition to this form, please complete IRS form 8821 If you are seeking immigration assistance, NO SOCIAL SECURITY NUMBER NEEDED. Explain the problem including dates, locations, names, etc. Use reverse side if necessary and include copies of applicable supporting documents: I certify, under penalty of perjury, that I provided or authorized all of the information in this privacy release and all the information is complete, true, and correct. I hereby authorize Congressman Cardenas and his staff to work on my behalf with any federal agency relevant to the matter described above, to receive and review any information contained in my file and, if necessary, to forward any pertinent correspondence sent by me regarding this matter.

Signature: _____

Office use only: Deputy Assigned: