Casework Authorization Form

Office of Congressman Tony Cárdenas (CA-29)



Under the Federal Privacy Act of 1974, we must have written authorization giving our office permission to investigate a matter on your behalf. Please include any relevant identifying information and supporting documents which relate to your inquiry. We must have your signature to proceed with this request. (Digital Signatures are not acceptable.)

Please return signed and completed form via mail, email, fax or deliver in person to: 9612 Van Nuys Blvd. Suite 201 Panorama City, CA 91402, Phone: (818) 221-3718 Fax: (818) 221-3809

Date:	
Check One: □ Mr. □ Mrs. □ Ms. □ Mx.	Address:
First Name:	City:
Last Name:	State: Zip Code:
Primary Language:	Phone Number:
Date of Birth:	E-mail:
Please provide applicable identifying information: (DO NOT IN	CLUDE SOCIAL SECURITY NUMBER, UNLESS INSTRUCTED TO)
VETERANS AFFAIRS: Case Number:	IRS: Tax ID Number:
Date Filed:	Year(s) in Question:
VA Form Number:	Case Number:
HOUSING:	IMMIGRATION: Receipt Number:
Lender Name:	Form Number:
Loan Number:	A Number:
Property Address:Same as above	Country of Birth:
SOCIAL SECURITY: SSN:	For Immigration Cases Only: I certify, under penalty of perjury, that I provided or authorized all the information in this privacy release and all the information is complete, true, and correct.
	Signature:
Briefly explain the matter(s) including dates, locations, name related to your case. If additional space is needed, please a	nes, etc. Please provide all supporting documentation
Pursuant to the Privacy Act of 1974 (5 U.S.C. § 552a), and the Head Stat. 1936; Pub. L. 104-191), I hereby authorize Congressman Cá agency relevant to the matter described above, to receive and reforward any pertinent correspondence sent by me regarding this	rdenas and his staff to work on my behalf with any federal view any information contained in my file and, if necessary, to

Office use only: Caseworker Assigned: _