



# 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.**

Please return signed and completed form via mail, fax or in person to: 8134 Van Nuys Blvd. Suite 206  
Panorama City, CA 91402  
Phone: (818) 781-7407  
Fax: (818) 781-7462

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

Primary Language: \_\_\_\_\_

Name:  Mr.  Mrs.  Ms. \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Street Apt. # City State Zip Code

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

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

Please provide applicable identifying information: (For immigration purposes, no Social Security number is needed)

Social Security Number: \_\_\_\_\_ Veteran Claim Number: \_\_\_\_\_

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

Loan Number: \_\_\_\_\_ Loan Provider: \_\_\_\_\_

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:

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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: \_\_\_\_\_