



# Congress of the United States

## House of Representatives

### 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.

PLEASE PRINT OR TYPE IN BLUE OR BLACK INK

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

**To begin processing your case, please complete all of the following information:**

Circle One: Mr. Mrs. Ms. Dr. Home Address: \_\_\_\_\_  
First Name: \_\_\_\_\_ City: \_\_\_\_\_  
Middle Name: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Last Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Social Security #: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Federal Agency with which you need help: \_\_\_\_\_

List any previous governmental services: \_\_\_\_\_

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:

Alien #: \_\_\_\_\_  
Form #: \_\_\_\_\_ Date Filed: \_\_\_\_\_  
USCIS Receipt #: \_\_\_\_\_  
Embassy Case #: \_\_\_\_\_

MILITARY/VETERANS:

Branch of Service: \_\_\_\_\_  
Rank: \_\_\_\_\_  
VA File #: \_\_\_\_\_  
Dates of Service: \_\_\_\_\_

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