



**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.

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

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

**Please PRINT neatly in blue or black ink:**

Circle One: Mr. Mrs. Ms. Dr.

Print Name: \_\_\_\_\_  
                    First                                    Middle                                    Last

Address: \_\_\_\_\_  
                    Street                                    City                                    State                                    Zip

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

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

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

Have you contacted other elected offices on this issue? If yes, who: \_\_\_\_\_

What would be the best method to mail you information regarding this issue?

E-Mail (Quickest response)                       Letter

**Would you like to receive *E-mail alerts* from Congressman Juan Vargas regarding district events, news, and upcoming legislation?**                       Yes                       No

**On the back of this paper, please give a brief description of the issue or information desired.**

San Diego County District Office  
333 F. Street, Suite A  
Chula Vista, CA 91910  
Phone: (619) 422-5963 Fax: (619) 422-7290

Imperial County District Office  
380 North 8<sup>th</sup> Street, Suite 14  
El Centro, CA 92243  
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