Congress of the United States House of Representatives



CASEWORK AND PRIVACY AUTHORIZATION FORM

I certify, under penalty of perjury, that 1) I provided or authorized all of the information in this privacy release and any document submitted with it; 2) I reviewed and understand all of the information contained in my privacy release and submitted with it; and 3) all of this information is complete, true, and correct. I authorize the federal agency to release information contained in my records as relevant to checking my case status, and to the extent permitted by law, to Congresswoman Norma Torres' Office.

I also acknowledge that Congressional Caseworkers are not attorneys and are, therefore, not authorized to provide legal advice.

Signature:	Date:		
To begin processing yo <u>Pl</u>	our case, please complete a ease PRINT neatly in blue	all of the following is or black ink:	nformation.
Circle One: Mr. Mrs. Ms. I Print Name:	Or.		
First Address:	Middle	Last	
Street	City	State	Zip
Email Address:	Phone	(s):	
Date of Birth:	Country of Birth (USCIS	Cases Only):	
Federal Agency/Issue with which y	ou need help:		
Case#/SSN#/A#/Passport#:			
Have you contacted other elected of	offices on this issue? Yes / No		
If yes, who:			
How did you learn about our office Website / E-Mail or Newsle	? (Circle One) htter / At Your Service Flyer / S	Social Media /	
Other			
What would be the best method to E-Mail (Quickest response)	·	ng this issue? (Circle Or	ne)

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

By signing and completing this form, you are agreeing to receive correspondence from Congresswoman Norma J. Torres regarding district events, news, and upcoming legislation. You may opt out at any time.

Briefly explain the issue or the information desired. Please print neatly and include copies of any relevant
locumentation related to your request.
What would the resolution of this case mean to you?

District Office

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