



Congressman  
**JIMMY GOMEZ**  
 California's 34th Congressional District

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## CASEWORK AUTHORIZATION FORM

Please use this form to authorize Congressman Jimmy Gomez and his staff to contact a federal agency about a problem you are having and authorize that agency to release information about your case to his office. Please Note: The Privacy Act of 1974 requires that Members of Congress or their staff have written authorization before they can obtain information about an individual's case. We must have your signature to proceed with this request.

Once you complete this form, attach copies of any relevant correspondence (letters, decision, receipts, notices, etc.) that pertains to your case and return everything to Congressman Jimmy Gomez's Los Angeles district office. Please allow three business days for a caseworker to process your case and contact you.

Name:

Home Address:  Home Phone:   
 Cell Phone:   
 Date of Birth:

Gender:  Primary Language:

Email Address:

Social Security Number (if applicable):

Federal Agency:  Examples: Social Security, IRS, Veterans, Post Office, State Department

By submitting this form, you are subscribing to e-alerts from Congressman Jimmy Gomez. Check here to opt-out:

I hereby authorize the federal agency named above to release information to Congressman Jimmy Gomez and his staff regarding the problem described below.

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

Please provide a concise description of the problem you are experiencing. Attach an additional page if necessary.

**PLEASE RETURN COMPLETED FORM TO:**  
 350 S. Bixel Street, Suite 120 Fax: (213) 481-1427  
 Los Angeles, CA 90017 Email: [CA34.casework@mail.house.gov](mailto:CA34.casework@mail.house.gov)