



UNITED STATES HOUSE OF REPRESENTATIVES  
**Office of Congresswoman Linda T. Sánchez**  
 Thirty-eighth District-California

**CONGRESSIONAL CASEWORK AUTHORIZATION FORM**

Congresswoman Linda Sánchez, 38<sup>th</sup> Congressional District has my permission to gain access to my files to enable her and/or members of her staff to assist me with my issue, in accordance with the Privacy Act of 1974. I understand that Congresswoman Sanchez's work is provided free as a public service, and that no one may charge a fee to gain access to her office.

Congresista Linda Sánchez del Distrito Congressional 38 tiene mi permiso, de acuerdo con el Acto de Privacidad de 1974, de adquirir mis archivos para que ella o su asistente puedan ayudarme con mi asunto federal.

\_\_\_\_\_  
 SIGNATURE / FIRMA

\_\_\_\_\_  
 DATE / FECHA

NAME/NOMBRE: \_\_\_\_\_

ADDRESS/DIRECCIÓN: \_\_\_\_\_

\_\_\_\_\_

E-MAIL: \_\_\_\_\_

PHONE NUMBER/NUMERO DE TELEFONO: \_\_\_\_\_

SOCIAL SECURITY/SEGURO SOCIAL #: \_\_\_\_\_

DATE OF BIRTH/FECHA DE NACIMIENTO: \_\_\_\_\_

FEDERAL AGENCY INVOLVED/AGENCIA FEDERAL INVOLUCRADA: \_\_\_\_\_

DO YOU WANT YOUR CASE DISCUSSED WITH ANYONE ELSE? IF SO, WHO? \_\_\_\_\_

¿DESEA QUE SU CASO SE DISCUTA CON OTRA PERSONA? ¿SI LA RESPUESTA ES SÍ, ENTONCES QUIEN?

**PLEASE PROVIDE A BRIEF DESCRIPTION OF YOUR ISSUE. USE THE BACK, IF NECESSARY.**

**POR FAVOR DESCRIBA BREVEMENTE SU PROBLEMA FEDERAL. USE EL OTRO LADO DE ESTA HOJA SI ES NECESARIO.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_