



## Representative Lucille Roybal-Allard (CA-40)

### Privacy Act Authorization Form

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

Circle One: Mr. Mrs. Miss Ms.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ E-mail \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

**Please provide any information that may be applicable to your case:**

Federal agency with which you seek assistance \_\_\_\_\_

Social Security # (If Applicable) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Alien Registration # or WAC #, and USCIS Form# \_\_\_\_\_

Rank and Military Branch of Service \_\_\_\_\_

Military Identification # or VA # \_\_\_\_\_

Other (please be specific) \_\_\_\_\_

**Briefly explain the problem you are having or the information desired:**

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**Attach additional pages if necessary and include copies of all relevant documents received from the federal agency with which you seek assistance. Do not send original documents, as we cannot ensure their safe return.**

I understand that the provisions of Public Law 93-579 (Privacy Act of 1974) prohibit the disclosure of information of a personal nature from the files of an individual without his or her consent. Accordingly, I authorize Representative Lucille Roybal-Allard and her staff to access any and all of my records that relate to the problem stated above.

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

**Please mail your completed form to our district office at:**

U.S. Representative Lucille Roybal-Allard  
500 Citadel Drive, Suite 320, Commerce, CA 90040  
Tel. (323) 721-8790 | Fax. (323) 721-8789 | <http://roybal-allard.house.gov/>