



OFFICE OF CONGRESSMAN MARK A. TAKANO

Please sign and mail/fax/scan and Email your completed form to:

Casework Staff | 3403 Tenth St, Ste. 610 | Riverside, CA 92501 | F: (951) 222-0217 | Takano.Help@mail.house.gov

CONSTITUENT INFORMATION

First Name:	<i>Check one:</i>	Mr.	Ms.	Mx.
Last Name:	Street Address:			
DOB:	City:	State:	Zip:	
SSN: XXX-XX-	E-mail:			
A-Number (If applicable):	Primary Phone #:			
Military Service (check one):	Veteran	Active Duty	Reservist	CA Nat'l Guard

CASEWORK INFORMATION

Federal Agencies from which you need assistance:

Case/Receipt Numbers associated with your case:

Brief explanation of the situation. Include copies of relevant documents. *Attach additional pages as needed.*

ADDITIONAL REQUIREMENTS

Requirement for IRS and SSA ONLY Full Social Security Number: _____

Requirement by USCIS and Department of State for Immigration Cases ONLY (read and sign):
Place of Birth: _____

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.

Signature _____ *Date* _____

PLEASE READ AND SIGN

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 their consent. Accordingly, I _____ authorize the staff of Congressman Mark Takano to access any and all of my records that relate to the problem stated below.

Signature _____ *Date* _____

Please check the box if you would like to receive updates from Congressman Takano and sign-up for our E-mail newsletter