

**CAPITOL OFFICE**  
1119 LONGWORTH HOUSE OFFICE BUILDING  
WASHINGTON, DC 20515  
PHONE: (202) 225-6235  
FAX: (202) 225-2202



**COMMITTEE ON WAYS AND MEANS**  
SUBCOMMITTEE ON HEALTH  
SUBCOMMITTEE ON OVERSIGHT  
SUBCOMMITTEE ON SOCIAL SECURITY

**COMMITTEE ON THE BUDGET**

**ASSISTANT TO THE  
SPEAKER OF THE HOUSE**

**DISTRICT OFFICE**  
1910 SUNSET BOULEVARD, #560  
LOS ANGELES, CA 90026  
PHONE: (213) 483-1425  
FAX: (213) 483-1429

**Congress of the United States  
House of Representatives**

**XAVIER BECERRA**  
31ST DISTRICT, CALIFORNIA

**BECERRA.HOUSE.GOV**

**AUTHORIZATION FORM**

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Email Address \_\_\_\_\_

Social Security # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Primary language spoken at home \_\_\_\_\_

I hereby authorize the \_\_\_\_\_  
(Name of Agency)

to release information to Congressman Xavier Becerra or his staff regarding the problem  
I have described below.

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

Description and history of problem:

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