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HOUSE DEMOCRATIC CAUCUS  
VICE CHAIR

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

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BECERRA.HOUSE.GOV

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

**XAVIER BECERRA**  
31ST DISTRICT, CALIFORNIA

COMMITTEE ON THE BUDGET

AUTHORIZATION FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

Home # \_\_\_\_\_ 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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