

ELTON GALLEGLY  
24TH DISTRICT, CALIFORNIA  
www.house.gov/gallegly/

2309 RAYBURN HOUSE OFFICE BUILDING  
WASHINGTON, DC 20515-0523  
(202) 225-5811

5051 VERDUGO WAY, SUITE 120  
CAMARILLO, CA 93012  
(800) 423-0023  
(805) 482-2424

485 ALISAL ROAD, SUITE 144  
SOLVANG, CA 93463  
(800) 423-0023  
(805) 686-2525

**Congress of the United States**  
**House of Representatives**  
**Washington, DC 20515-0524**

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AND ENFORCEMENT  
• COURTS, COMMERCIAL AND  
ADMINISTRATIVE LAW

## Privacy Act Release/Casework Request Form

Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Number (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Veteran's Number: \_\_\_\_\_

Agency Involved: \_\_\_\_\_

**The Problem Is:**

### **\*\*Privacy Act Release\*\***

I request and authorize U.S. Representative Elton Gallegly to act on my behalf and to receive information from proper officials regarding the matter described above. Rep. Gallegly is authorized by me to receive on my behalf all correspondence and information about my case.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this completed form to:

**U.S. Rep. Elton Gallegly**

**5051 Verdugo Way, Suite 120**

**Camarillo, CA 93012**

**Phone: (805) 482-2424; Toll Free: (800) 423-0023; FAX: (805) 482-0024**

**\*\*\* Please note that the Privacy Act Release requires that you authorize access to your private records. Your signature above will enable Congressman Gallegly to make the necessary inquiries on your behalf.**