

JARED HUFFMAN
MEMBER OF CONGRESS
2nd District, California
1630 Longworth HOB
Washington DC 20515
202-225-5161

**CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES
WASHINGTON, DC 20515**

IMMIGRATION ADVOCACY AUTHORIZATION

Name: _____ **Date of Birth:** _____

Address: _____

Email: _____ **Phone:** _____

Country of Birth: _____ **A Number:** _____

Receipt Number: _____

You are requesting: (a visa, permanent resident status, naturalization, etc.) _____

Please list the name, the date and the status of the all the forms you have completed/filed:

Briefly describe the issue:

Pursuant to the Privacy Act, I respectfully request and authorize Congressman Jared Huffman or any member of his staff to act on my behalf, to receive and review agency correspondence, and to meet with appropriate individuals regarding my concerns. I certify under penalty of perjury that the information provided above is complete, true and correct.

Signed: _____ **Date:** _____

Please return this form to:
Office of Congressman Jared Huffman
999 Fifth Ave. Suite 290 San Rafael, CA 94901
Huffman. [CAScheduling@mail.house.gov](mailto:CA_Scheduling@mail.house.gov) | Fax: 415.258.9913