

JARED HUFFMAN
MEMBER OF CONGRESS
2nd District, California
1406 Longworth HOB
Washington DC 20515
202-225-5161

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

IMMIGRATION ADVOCACY AUTHORIZATION

Please provide all of the information requested below and attach copies of any relevant correspondence or forms.

Please fill out this section if you are seeking assistance on behalf of someone else:

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

Address: _____

Email: _____ **Phone:** _____

Relationship to the person seeking assistance: _____

Please provide the following information about yourself or the person seeking immigration assistance:

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

Address: _____

Email: _____ **Phone:** _____

Alien Number (if applicable): _____ **Country of Birth:** _____

Application Receipt Number (if applicable): _____

Passport Number & Expiration Date: _____

What kind of immigration status is the applicant seeking (for example, a visa, permanent resident status, naturalization or political asylum)?

Please list all forms that have been filed, the date they were filed and the result:

Please briefly describe the problem and all the actions you have taken:

How would you like Congressman Huffman to be of assistance?

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 all information is true and correct.

Signed: _____ **Dated:** _____

Please return this form to:
Office of Congressman Jared Huffman
999 5th Ave. Suite 290
San Rafael, CA 94901
Phone: 415-258-9657 Fax: 415-258-9913
Email: Huffman.CAScheduling@mail.house.gov