

UNITED STATES HOUSE OF REPRESENTATIVES

★ PRAMILA JAYAPAL ★
CONGRESSWOMAN FOR WA-07
COMMITTEES: EDUCATION AND
WORKFORCE, JUDICIARY

Please fill out this form so that the office of Congresswoman Jayapal can assist you in the matter you describe below. Pursuant to Public Law 93-579, the Privacy Act of 1974, our office ordinarily cannot assist individuals in dealing with federal agencies without their express written consent.

SECTION 1

Current Name: _____ Legal Name: _____

Pronouns: He/Him She/Her They/Them Other: _____ Phone: _____

Email: _____ Cell: _____

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____

If pertinent to your issue, please provide us with the following information:

Alien Registration #: _____ Branch of Service: _____

USCIS/DOS Case/Receipt #: _____ Rank: _____

Receipt/Priority Date: _____ Veteran's Claim #: _____

Housing Loan/Account #: _____

Social Security #/SSN (SSN's are required by federal agencies): _____

SECTION 2

In the space provided below please provide a brief explanation of your reason for requesting assistance from Congresswoman Pramila Jayapal's office, if necessary please include a separate sheet with a continuation of your reason for requesting assistance. Please cite who you would like us to share this document with. Please attach copies of any supporting documents separately:

SECTION 3

I, _____, hereby request and authorize the Office of Congresswoman Pramila Jayapal and her staff to intercede on my behalf related to the matter described above, including the right to receive any information contained in my file, to forward a correspondence sent by me/us regarding this matter, or any other action I have related to the matter described above.

I understand that any documents I provide to Congresswoman Pramila Jayapal or her staff may be copied and forwarded to others in relation to this matter. I also understand that this inquiry may not conclude in my best interest. I sign this Privacy Act waiver in good conscience and without mental reservation.

Signature: _____ Date: _____

Signature: _____ Date: _____

Please check box to acknowledge that an additional signature is required only if information is also in spouse/representative/beneficiary's name or if you want our office to share findings with a third party (family member, friend, legal representative, other).

For urgent cases, submit electronically to Jayapal.Casework@mail.house.gov and call our district office.

DISTRICT OFFICE

2033 6th Ave Suite 1011, Seattle, WA 98121

PHONE: 206-674-0040 FAX: 771-200-5813

WASHINGTON DC OFFICE

1510 Longworth HOB, Washington, DC 20515

PHONE: 202-225-3106 FAX: 202-225-6197