

RICK LARSEN  
2<sup>nd</sup> District, Washington

*U.S. House of Representatives*

I am requesting assistance from Congressman Rick Larsen, and his staff, with a personal issue concerning a Federal agency (such as USCIS, DVA, SSA, etc).

*Please explain your situation or request and provide any relevant information. Feel free to attach relevant documents, copies or other materials that support your claim.*

*The Privacy Act of 1974 is a Federal law designed to protect you from any unauthorized use and exchange of personal information by Federal agencies.*

I understand that by signing, I authorize Congressman Larsen and his staff to receive any information from Federal agencies that they might need in order to provide assistance.

Name (Printed): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email address: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Alien Registration #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please list other offices or people (such as Senators or Representatives) you have contacted or are seeking help through and indicate if there are legal proceedings regarding your issue:*

\_\_\_\_\_

*Please sign and return this form to Congressman Larsen's Everett office, ATTN: Casework, to 2930 Wetmore Ave. Suite 9-F, Everett WA, 98201 or by fax to (833) 696-6499*