

PRIVACY ACT RELEASE FORM

PLEASE PRINT CLEARLY

INSTRUCTIONS

- Read all instructions carefully before completing application.
- If any part of the application is left blank, it will be returned.
- Ensure Eligibility – see bottom of this application.

Mr. /Mrs. /Ms. **Full Name:** _____ **Nick Name:** _____

Address of Residence: _____

City/State/Zip: _____ **County:** _____

Phone #: Home: (____) _____ **Work:** (____) _____ **Cell:** (____) _____

Email Address: _____

Please send completed forms to: **Congressman John Culberson**

10000 Memorial Drive, Suite 620
Houston, Texas 77024-3490
Fax: 713.680.8070

Due to the provisions of the Privacy Act of 1974 (Title 5, Section 552A of the United States Code) permission in writing is required before making an inquiry on your behalf. Completing and signing this form authorizes Rep. John Culberson to make inquiries to the appropriate officials on your behalf.

To begin your inquiry, provide all pertinent information:

Federal Agency Involved: _____

Social Security Number: _____ **Date of Birth:** _____

Alien #: A _____ **CIS/DOS Receipt #:** _____

Immigration – Petitioner’s Name: _____

Beneficiary’s Name: _____

Other Numbers Identifying your claim: _____

Please briefly describe your situation or the information desired. Use the back of this sheet, or attach a separate page, if necessary. Be sure to provide any necessary documentation.

SIGNATURE: _____ **DATE:** _____

The areas below show who is eligible to petition a claim on behalf of a beneficiary

- The person whose name is on the claim
 - Employers or potential employers
 - Immediate family members and fiancés*
 - Cases are not taken from lawyers
- *Immediate Family: Mother, Father, Brother, Sister, Children, Spouse, Grandparents, Step-Parents, Step-Siblings.