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PRIVACY ACT RELEASE FORM

Due to the Privacy Act of 1974 (Public Law 93-579), Federal government agencies are prohibited from releasing any information without a person's written permission. Your signature on this form authorizes me, as your Congressman, to contact the proper officials in your behalf, discuss the matter, and receive pertinent information.

NAME: _____

TELEPHONE: _____

ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ (If Applicable)

VETERAN'S CLAIM NUMBER: _____ (If Applicable)

OTHER CLAIM NUMBERS: _____ (If Applicable)

BRIEFLY STATE THE NATURE OF THE PROBLEM (BE SPECIFIC):

PLEASE STATE THE SPECIFIC OUTCOME YOU ARE SEEKING:

SIGNATURE: _____ DATE: _____