

PRIVACY FORM

I hereby authorize Congressman Joe Barton to request on my behalf, pertinent to the Freedom of Information and Privacy Act, access to information concerning me in the files of:

_____ (Department or Agency)

Congressman Joe Barton is also authorized to see any materials that may be disclosed to that request, and to speak in my behalf.

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____ TELEPHONE #: _____ (Home)

_____ (Work)

_____ *If you have no telephone, please list a number where you can be reached.

List any or all identifying numbers which might apply in your situation:

SOCIAL SECURITY #: _____ VETERAN AFFAIRS #: _____

IMMIGRATION "A" #: _____ OWCP #: _____

For military casework, please provide the following:

BRANCH: _____ DATES OF SERVICE: _____

Any other relevant numbers: _____

Briefly, state the outcome you are seeking: _____

Please state the nature of your issue (be specific): _____

(If you need additional space, please use another sheet of paper.)

SIGNATURE: _____ DATE: _____

PLEASE BE SURE TO SIGN YOUR NAME

MAIL TO: The Honorable Joe Barton
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