



**CONGRESS OF THE UNITED STATES
 UNITED STATES HOUSE OF REPRESENTATIVES
 Consent for Release of Personal Information**

To Whom It May Concern:

I have sought assistance from Congressman Jeb Hensarling on a matter that may require the release of information maintained by federal or other agencies, and may be prohibited from disseminating under the *Privacy Act of 1974*.

I hereby authorize you to release all relevant portions of my records or to discuss problems involved in this case with Congressman Jeb Hensarling or any authorized member of his staff until this matter is solved.

PLEASE PRINT

Claimant's Name	Date of Birth	Social Security Number
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Home Address	City, State	9 Digit Zip Code
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Daytime Phone	Evening Phone	Cell Phone
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E-mail Address

The problem is with what federal agency: _____

Further Information: _____

Claimant's Written Signature	Date
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** If you want me to provide a family member or anyone else with information regarding this inquiry, your written authority is required. I hereby authorize that all correspondence and information regarding my request and Congressional inquiry be provided to _____.

Your signature _____ Date: _____

**Fax this form to: Congressman Jeb Hensarling at (214)-349-0738. Mail the original form to:
 Congressman Jeb Hensarling
 6510 Abrams Road, Suite 243
 Dallas, Texas 75231-7217**