



Dr. Michael C. Burgess

United States Congressman

Representing Texas' 26<sup>th</sup> Congressional District

Request for Congressional Inquiry Form (FOR REVIEW ONLY)

The Privacy Act of 1974 (Public Law 93-579) prevents agencies from releasing information about you to anyone without your written permission. Therefore, Congressman Burgess must have your written authorization before he can obtain a response regarding the Request for Congressional Inquiry on your behalf.

I hereby authorize the release any and all information pertaining to my case to Congressman Michael C. Burgess and/or any member of his staff.

Signature of person for whom we are inquiring \_\_\_\_\_ Date \_\_\_\_\_

Name (Print): \_\_\_\_\_

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

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

Telephone: (H) \_\_\_\_\_ (B) \_\_\_\_\_ (C) \_\_\_\_\_

Social Security #: \_\_\_\_\_ Other ID#: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Alien Registration#: \_\_\_\_\_ USCIS Receipt #: \_\_\_\_\_ Passport #: \_\_\_\_\_

Name of Federal Agency Involved: \_\_\_\_\_

Do Appeal Rights Exist? \_\_\_\_\_ Have You Filed an Appeal? \_\_\_\_\_ Does a Hardship Exist? \_\_\_\_\_

Description of the Problem: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Should you desire information regarding this inquiry be shared with another individual, please name that person and complete the following information:  
I authorize the release of information for this inquiry to: \_\_\_\_\_  
Name of your spouse, family member, or trusted friend  
Signature of Individual Requesting Inquiry \_\_\_\_\_ Date \_\_\_\_\_