



PRIVACY RELEASE FORM

Due to the enactment of the "Right to Privacy Act," it is necessary for you to complete and sign this form authorizing me and members of my staff to obtain the information needed to respond to your request for assistance. The information obtained will be only that which is relative to the problem you presented to my office.

Name: _____

E-mail address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone (home): _____ Work: _____

Social Security Number: _____

Date of Birth: _____

Please provide any agency case numbers that reference your case (i.e. Tax ID number, Veterans Administration claim number, Alien Registration No., Military ID number) _____

Please explain the nature of your problem and attach any correspondence which supports your statement or which relates to your case: (If necessary, use additional paper to complete) _____

Please state the outcome you are seeking: _____

I understand that in order for you to respond fully to my request, it may be necessary for you or your staff to review those federal records that contain information you will need to assist me. By signing this form, I hereby authorize the appropriate federal agencies to release to you such information as you may require.

Signed: _____

Date: _____

Please return completed form to my office in Houston: 3003 South Loop West, Suite 460, Houston, TX 77054