



Congresswoman Sheila Jackson Lee

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Privacy Act Release Form

Name _____ **Home Ph.** _____

Address _____ **Work Ph.** _____

City/State/Zip _____ **Cell Ph.** _____

Date of Birth _____ **E-mail** _____

Agency/Embassy To Be Contacted: _____

Social Security Number: _____

Veteran's Claim Number (if applicable) _____

Alien Registration Number (if applicable) _____

BCIS Texas Service Center Receipt (SRC No.) (if applicable) _____

Tax Year Involved (if applicable) _____

Nature of Problem (Please be specific):

I understand that under the provisions contained in the Privacy Act of 1974, Federal government agencies may not release records without an individual's written consent. I hereby authorize Congresswoman Sheila Jackson Lee and her staff to make the necessary inquiries on my behalf and to obtain all necessary information regarding my request.

Date _____

Signature _____