

PETE SESSIONS U.S. CONGRESSMAN

32nd District of Texas



CASEWORK AUTHORIZATION TO REVIEW PERSONAL INFORMATION PROTECTED BY THE PRIVACY ACT

NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
HOME PHONE: _____ WORK PHONE: _____
CELL PHONE: _____ E-MAIL: _____
ALIEN REGISTRATION # AND OR RECEIPT NUMBER: _____
DATE OF BIRTH: _____ COUNTRY OF BIRTH: _____
FEDERAL AGENCY INVOLVED: _____

NATURE OF PROBLEM: PLEASE GIVE A BRIEF STATEMENT REGARDING THE NATURE OF THE PROBLEM YOU ARE EXPERIENCING AND THE ASSISTANCE NEEDED FROM THIS OFFICE. YOU MAY USE ADDITIONAL PAPER, IF NECESSARY.

STATEMENT:

NOTE: THE PRIVACY ACT REQUIRES THAT YOU AUTHORIZE ACCESS TO YOUR PRIVATE RECORDS. WITHOUT YOUR AUTHORIZATION, AN INQUIRY ON YOUR BEHALF WOULD NOT BE POSSIBLE. AUTHORIZATION: I HEREBY AUTHORIZE CONGRESSMAN PETE SESSIONS OR HIS REPRESENTATIVE TO CONTACT THE ABOVE NAME AGENCY OR ANY OTHER APPLICABLE GOVERNMENT AGENCY, WHETHER IT BE A STATE, FEDERAL, OR LOCAL AGENCY, ON MY BEHALF, AND TO INSPECT, COPY AND EXAMINE OR INQUIRE INTO MY RECORDS ON FILE WITH SUCH AGENCY OR ENTITY AND TO RECEIVE INFORMATION FROM THE PROPER OFFICIALS REGARDING MY CONCERNS WHETHER PROTECTED BY PRIVACY OR NOT.

I DO NOT HAVE A CASE PENDING BEFORE A COUNTY, STATE OR FEDERAL COURT.
I DO NOT HAVE A CASE PENDING WITH A **SENATE OFFICE OR ANOTHER CONGRESSIONAL OFFICE.**

SIGNATURE: _____ DATE: _____

SIGNATURE OF SPOUSE: _____ DATE: _____

PLEASE PRINT OUT AND RETURN TO:

CONGRESSMAN PETE SESSIONS
PARK CENTRAL VII
12750 MERIT DRIVE, SUITE 1434
DALLAS, TEXAS 75251
PHONE: (972) 392-0505, (972) 392-0615 FAX