

# Congressman Michael C. Burgess, M.D.

## Congressional Inquiry Form for Review

*burgess.house.gov*

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

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

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

\_\_\_\_\_  
Date

**Please fill out the remaining information completely and clearly, and send it to one of my offices listed at the bottom of this form:**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

City, State, and Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ (home) \_\_\_\_\_ (office) \_\_\_\_\_ (mobile)

Social Security Number: \_\_\_\_\_ Passport Number: \_\_\_\_\_

Other ID Number: \_\_\_\_\_ ID Type: \_\_\_\_\_

Alien Registration Number: \_\_\_\_\_ USCIS Receipt Number: \_\_\_\_\_

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

Do appeal rights exist? \_\_\_\_\_ Have you filed an appeal? \_\_\_\_\_ Does a hardship exist? \_\_\_\_\_

Description of 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



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