



Caseworker (please select):	
Debi Echols	_____
Timothy Jackson	_____
Sandy Garvey	_____
Laura W. Smith	_____
Johnny Turner	_____
Kathy Murray	_____

Congressman Mo Brooks (AL-5)

Privacy Act Release Form

Contact Information

Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax Number: _____

E-mail Address: _____

Date of Birth: _____ Social Security Number: _____ - _____ - _____

Federal Agency Involved: _____

Case or Claim Number (if applicable): _____

Alien Number or WAC (if applicable): _____

Have you contacted another Congressional office or do you plan on contacting another Congressional office for assistance with this matter? YES NO

If yes, which one(s)?
 _____ U.S. Senator Richard Shelby
 _____ U.S. Senator Jeff Sessions

