



**U.S. Congressman Lamar Smith
21st District of Texas**

PRIVACY RELEASE FORM

I hereby authorize CONGRESSMAN LAMAR SMITH to request on my behalf, pertinent to the Freedom of Information and Privacy Act of 1974, access to information concerning me in the files of the Department of

_____.

In addition, CONGRESSMAN SMITH is also authorized to see any materials that may be disclosed pertinent to that request.

FULL NAME: _____

HOME ADDRESS STREET: _____

CITY/STATE/ZIP: _____

MAILING ADDRESS (IF DIFFERENT FROM ABOVE):

STREET: _____

CITY/STATE/ZIP: _____

HOME PHONE: _____ **WORK:** _____

MOBILE: _____

SOCIAL SECURITY NUMBER: _____

CLAIM NUMBER: _____

DATE OF BIRTH: _____

E-MAIL ADDRESS: _____

