

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



Lewisville District Office
1660 South Stemmons Freeway, Suite 230
Lewisville, Texas 75067
(972) 434-9700 (main)
(972) 434-9705 (fax)