Privacy Release Authorization Form

U.S. Rep. Mac Thornberry
13th Congressional District - Texas

Date: _____

Name: _____

Address: _____

City, State, and Zip: _____

Phone Number: _____

Country of Birth: _____ Date of Birth: _____

Alien Number: _____ Receipt Number: _____

Please list all forms filed: _____

Date and Place forms were filed: _____

Description of the type of help I am seeking:

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In accordance with the provisions of the Privacy Act, I hereby authorize U.S. Rep. Mac Thornberry or a member of his staff to make the appropriate inquiry on my behalf.

_____
Signature

Return to:

905 South Fillmore Street, Suite 520, Amarillo, Texas 79101-3514 Phone: (806) 371-8844 Fax: (806) 371-7044

2525 Kell Boulevard, Suite 406 Wichita Falls, Texas 76308-2829 Phone: (940) 692-1700 Fax: (940) 692-0539