

PRIVACY RELEASE AUTHORIZATION

Please fill out the fields below by typing your responses and printing the document, or by printing the document and writing your responses by hand. Then, please sign, date and mail or fax the form to the address or number at the bottom of the page.

I hereby authorize Congressman Lloyd Doggett, in accordance with the Privacy Act of 1974, Public Law 93-579, to inquire with: _____
on my behalf. (Federal Agency)

In addition, I authorize the agency listed above to release information to Congressman Doggett or his staff concerning my request for assistance.

Signature **Date**

PLEASE PRINT THE FOLLOWING INFORMATION (if applicable):

Name _____	Social Security# _____
Address _____	INS Alien #/Receipt # _____
City, State, Zip _____	VA Claim# _____
Evening Phone _____	Date of Birth _____
Daytime Phone _____	Fax _____
Cellular Phone _____	Email _____

Are you facing a deadline? yes / no When? _____

Are you currently being represented by an attorney regarding this matter? yes / no
If Yes, please provide attorney's name: _____

Have you contacted my office before about this matter? yes / no

Briefly explain the issue in which you are requesting assistance:

Please attach the most recent correspondence you have received from the federal agency and any other pertinent information regarding this case. Feel free to use other side or additional paper if needed.

Mail to: 300 East 8th Street, Suite 763, Austin, TX 78701-3275 **or Fax to:** (512) 916-5108