PRIVACY ACT RELEASE FORM

I hereby authorize the office of **CONGRESSWOMAN EDDIE BERNICE JOHNSON** to request and view any pertinent information concerning my case within the files of the Department of _____, relative to the Freedom of Information and Privacy Act of 1974.

NAME: _____ HOME PHONE: _____

ADDRESS: _____ WORK PHONE: _____

_____

SSN: _____-_____-_____ DATE OF BIRTH: _____/_____/_____

CLAIM# (VA, DOL/OWCP, SSA, USPS) OR PASSPORT LOCATOR#: _____

****FOR IMMIGRATION CASES ONLY:*
BENEFICIARY INFO (PERSON FOR WHOM THE FORM/PETITION WAS FILED)
NAME: _____ ALIEN#: _____

DATE OF BIRTH: _____/_____/_____ COUNTRY OF BIRTH: _____

FORM FILED (I-130, I-485, I-140): _____ RECEIPT#: _____

LOCATION FILED: _____ NAME OF PETITIONER: _____

Please describe, specifically, what you would like assistance with from this office (attach additional pages if needed):

_____

_____

_____

_____

_____

_____

_____

_____

_____

SIGNATURE: _____ DATE: _____

Please mail or fax this completed and signed form, along with any pertinent documentation, to:

Congresswoman Eddie Bernice Johnson
3102 Maple Ave Ste 600
Dallas, TX 75201
Office: 214-922-8885
Fax: 214-922-7028