

THIS AUTHORIZATION MUST BE RECEIVED WITHIN 60 DAYS OF THE DATE SIGNED AND DATED BY THE CONSTITUENT.

CONGRESSMAN GENE GREEN
29th Congressional District of Texas

- Washington, D.C.
- District-North
- District-East
- District-Baytown

Authorization Form

I understand that under the provisions contained in the Privacy Act of 1974, Federal government agencies may not release records without an individual's written consent. I hereby authorize Congressman Gene Green and his staff to make the necessary inquiries on my behalf and to obtain all necessary information regarding my request.

NAME: _____

ADDRESS: _____

SOCIAL SECURITY NUMBER: _____

VETERAN'S CLAIM NUMBER: _____ (If applicable)

AGENCY TO BE CONTACTED: _____

TAX YEAR/FORM INVOLVED: _____ (If applicable)

NATURE OF PROBLEM (please be specific): _____

Date

Signature