Congressman Michael McCaul

Privacy Authorization Form

Name: _____ **E-mail:** _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Work Phone:** _____

Social Security No.: _____- ____- _____ **Date of Birth:** _____

Federal Agency: _____ **Claim Number:** _____

Please tell us about your situation or difficulty. Include details regarding the current status and any corrective measures you have taken to resolve this matter.

_____

_____

_____

_____

_____

_____

_____

_____

_____

(Use additional sheets as necessary)

In accordance with the Privacy Act of 1974, I hereby authorize Congressman Michael McCaul, or a member of his staff, to inquire with the appropriate federal agencies relative to the situation stated above.

_____ _____

Signature Date

Please return this form and documentation to the district office listed below:

☐ 5929 Balcones, Suite 305
Austin, TX 78731
Phone: (512) 473-2357
Fax: (512) 473-0514

☐ Rosewood Professional Building
990 Village Square, Suite B
Tomball, TX 77375
Phone: (281) 255-8372
Fax: (281) 255-0034

☐ 2000 S. Market St.
Suite 303
Brenham, TX 77833
Phone: (979) 830-8497
Fax: (979) 830-1984

☐ 1550 Foxlake, Suite 120
Houston, TX 77084
Phone: (281) 398-1247
Fax: (281) 579-3401

Note: When submitting the Privacy Authorization form, please provide copies of any documentation you may have pertaining to your issue.