

Congress of the United States
Washington, DC 20515

Privacy Release Form

Full Name (First, Middle, Last): _____

Permanent Address: _____

City: _____ State: Texas Zip Code: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Social Security Number: _____

E-Mail: _____

I authorize the agencies indicated below to release information regarding my file to the office of the 27th Congressional District of Texas.

- | | | |
|--|--|---|
| <input type="checkbox"/> Dept. of Agriculture | <input type="checkbox"/> Dept. of HUD | <input type="checkbox"/> Dept. of Veterans Affairs |
| <input type="checkbox"/> Dept. of Commerce | <input type="checkbox"/> Dept. of Interior | <input type="checkbox"/> National Archives / Records |
| <input type="checkbox"/> Dept. of Defense | <input type="checkbox"/> Dept. of Justice | <input type="checkbox"/> Office of Personnel Mgmt. |
| <input type="checkbox"/> Dept. of Education | <input type="checkbox"/> Dept. of Labor | <input type="checkbox"/> Social Security Administration |
| <input type="checkbox"/> Dept. of Energy | <input type="checkbox"/> Dept. of State | <input type="checkbox"/> U.S. Postal Service |
| <input type="checkbox"/> Dept. of Health & Human Svcs. | <input type="checkbox"/> Dept. of Transportation | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Dept. of Homeland Security | <input type="checkbox"/> Dept. of Treasury | _____ |

By signing below, I allow the office of the 27th Congressional District of Texas to contact the appropriate agencies, forward my correspondence, discuss the matter, and receive pertinent information from federal agencies. It is my understanding that this form is being used in compliance with the Privacy Act of 1974.

Constituent Signature

Date

Constituent Liaison

Date

Please complete back side of page as well.

