

UNITED STATES HOUSE OF REPRESENTATIVES
Consent for Privacy Release of Personal Records by Executive Agents

To Whom It May Concern:

I have sought assistance from Congressman Louie Gohmert on a matter that may require the release of information maintained by federal agencies, and may be prohibited from disseminating under the *Privacy Act of 1974*.

I hereby authorize you to release all relevant portions of my records or to discuss problems involved in this case with Congressman Gohmert or any authorized member of his staff until this matter is solved.

PLEASE PRINT

Claimant's Name	Date of Birth	Social Security Number
Address	City	9 Digit Zip Code
Daytime Phone	Evening Phone	Cell Phone (if applicable)

The problem is:

Written Signature of Claimant

Date

Note: Should you want me to provide a family member, or anyone else, with written or verbal information regarding this inquiry, please put that person's name in the space provided below and sign and date this portion of the form.

I authorize that all correspondence and information regarding this matter be provided to:

Name of Person	Written Claimant's Signature	Date
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Fax to: (202) 225-5866, and mail original to:
Congressman Louie Gohmert
508 Cannon HOB,
Washington, DC 20515