

**CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES**

Consent for Release of Personal Information

I have sought assistance from Congressman Louie Gohmert on a matter that may require the release of information that may be prohibited from dissemination under the *Privacy Act of 1974*.

I respectfully request and hereby authorize Congressman Louie Gohmert, or any authorized staff member, representative, or agent to act on my behalf and to obtain, release and receive information from any state, federal or local agency or officials, and to inspect, copy and examine, or inquire into my records whether it be protected by the *Privacy Act of 1974* or not.

YOUR NAME (Print) _____ DATE: _____
ADDRESS: _____ DAYTIME PHONE: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

Are you a Lawful Permanent Resident (LPR) or U.S. Citizen (USC) ? _____ A# if applicable _____

Your Written Signature: _____

Name of Beneficiary: _____

Alien Registration Number (A #): _____

SSC/SRC/LIN or other Receipt Number: _____

Is she/he in the U.S.? _____

Date of Birth: _____

Place of Birth: _____

Address including country: _____

Form Filed: I-130, I-129, I-140, I-485 or other: _____

DATE FILED: _____

Location Filed: Dallas District Office, Texas Service Center, _____ or Other – list

The Problem Is: _____

** Note: If you want me to provide a family member or anyone else with information regarding this inquiry, your written authority is required. I hereby authorize that all correspondence and information regarding my request and Congressional inquiry be provided to:

Your signature _____ Date: _____.

**Fax this form to: Congressman Louie Gohmert at (202)-225-5866, and mail the original to:
Congressman Louie Gohmert, 508 Cannon HOB, Washington, DC 20515.**