



# Congressman Henry Bonilla

## *PRIVACY RELEASE FORM*

In accordance with the Privacy Act of 1974 (Public Law 93-579), I hereby authorize Congressman Henry Bonilla or member of his staff to make the appropriate inquiry on my behalf regarding the following:

**Description of situation and assistance requested:**

Print Full Name \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Claim# \_\_\_\_\_  
(where applicable)

Phone: Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Email address (optional) \_\_\_\_\_

Legal Domicile Address: Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address:

*(if different than above)* Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_