



**CONGRESS OF THE UNITED STATES
 UNITED STATES HOUSE OF REPRESENTATIVES
 Consent for Release of Personal Information**

I have sought assistance from Congressman Jeb Hensarling 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 Jeb Hensarling, 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 FULL NAME (Print): _____ DATE: _____

HOME ADDRESS: _____ DAYTIME PHONE: _____

CITY, STATE, ZIP: _____

E-MAIL ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

If you are a Lawful Permanent Resident (LPR), provide your A# _____

If you are a U.S. Citizen, provide your Citizenship (USC) Certificate # _____

Your Written Signature: _____

Name of Beneficiary: _____

Alien Registration Number, SSC, LIN, WAC or other Receipt Number: _____

PASSPORT NUMBER: _____

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

Beneficiary's Date of Birth: _____

Beneficiary's Place of Birth: _____

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

DATE FILED: _____

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

The Problem Is: _____

** 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 Jeb Hensarling at (214) 349-0738 or mail the original form to:
 Congressman Jeb Hensarling
 6510 Abrams Road, Suite 243
 Dallas, Texas 75231-7217**