



KAY BAILEY HUTCHISON

United States Senator • Texas

The Information and Privacy Act Form

I hereby authorize the office of **SENATOR KAY BAILEY HUTCHISON** to request on my behalf, pertinent to the Freedom of Information and Privacy Act of 1974, access to information concerning me in the files of the Department of _____
In addition, the office of **SENATOR HUTCHISON** is also authorized to see any materials that may be disclosed pertinent to that request.

NAME:

MAILING ADDRESS:

CITY/STATE/ZIP:

HOME PHONE #:

WORK PHONE #:

SOC SEC #:

VA CLAIM #:

PASSPORT #:

ALIEN REGISTRATION #:

OTHER ID #:

DATE OF BIRTH:

(mm/dd/yy)

(signature)

(date)

INSTRUCTIONS:

Please write a brief letter outlining the nature of your problem and be as specific as possible. In particular, include the names of any public officials you have communicated with in the past and the dates those communications occurred. Also, please attach any relevant correspondence that you have initiated or received concerning your problem. You can either mail or FAX this completed form, your brief letter, and any other pertinent attachments to:

Senator Kay Bailey Hutchison
961 Pickle Federal Building
300 E. 8th Street
Austin, TX 78701
Fax: 512-916-5839

USE THIS PAGE TO EXPLAIN YOUR PROBLEM TO THE SENATOR