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 respectively 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), provi If you are a U.S. Citizen, provide your Citizenship (U	
Your Written Signature:	
Name of Beneficiary:	
The Problem Is:	
** If you want me to provide a family member or any your written authority is required. I hereby authorize my request and Congressional inquiry be provided to	that all correspondence and information regarding
Your signature	Date:

Fax this form to: Congressman Jeb Hensarling at (214)-349-0738. Mail the original form to:

Congressman Jeb Hensarling
6510 Abrams Road, Suite 243

Dallas, Texas 75231-7217