## Privacy Release Authorization Form U.S. Rep. Mac Thornberry 13<sup>th</sup> Congressional District - Texas

		Date:			
Name:					
Address:					
City, State, and Zip:					
Phone Number:					
Social Security Number:					
Agency Involved:					
Date/Place claim was filed with agency:					
Description of the type of help	I am seeking:				
In accordance with the provision the appropriate inquiry on my b	ons of the Privacy behalf.	Act, I hereby autho	rize U.S. Rep. Mac T	Thornberry or a member	of his staff to make
	Signature				

Return to:

905 South Fillmore Street, Suite 520, 4245 Kemp Boulevard, Suite 315

Amarillo, Texas 79101-3514 Wichita Falls, Texas 76308-2829 Phone: (806) 371-8844 Phone: (940) 692-1700 Fax: (806) 371-7044 Fax: (940) 692-0539