

RELEASE OF INFORMATION

I, Mr./Mrs./Ms. (PLEASE PRINT FULL NAME) _____ do hereby authorize the release of any and all information contained in my file to authorized representatives of the office of CONGRESSMAN SILVESTRE REYES.

I understand that if under federal and state privacy laws, I do not have to give such release; I do so since I have voluntarily sought the assistance of CONGRESSMAN SILVESTRE REYES.

I also understand that if deemed necessary by CONGRESSMAN SILVESTRE REYES' office, they have full permission and authorization to forward any correspondence I may have sent them concerning my case.

I further understand that I will save harmless both the agency divulging the information and CONGRESSMAN REYES' office as it relates to giving and accepting of any information on my behalf.

(SIGNATURE OF FULL NAME)

(DATE)

(ADDRESS, INCLUDING ZIP CODE)

A# (INS Only)

(ADDRESS, INCLUDING ZIP CODE)

DATE OF BIRTH

(PHONE: DAYTIME AND HOME)

CASE NUMBER (if any)

(SOCIAL SECURITY NUMBER)

In order for us to initiate an inquiry on your behalf, this form must be returned to the address below along with a letter explaining your circumstances and the type of resolution you are seeking. This must be done within 15 calendar days of receipt. In addition, keep in mind that sufficient time must be given to the agency to appropriately respond. **This process takes approximately 30 to 60 days.**

**Congressman Silvestre Reyes
310 N. Mesa, Suite 400
El Paso, TX 79901**

For Internal Use Only:

Staff: SP _____ YE _____ KM _____ GV _____ PB _____ AC _____ LG _____

Primary Agency: _____