REQUEST FOR CONGRESSIONAL INQUIRY & PRIVACY RELEASE

The Privacy Act of 1974 prevents agencies from releasing information about you to anyone without your written consent. Therefore, Congressman Gohmert must have your written authorization before he can initiate an inquiry with a federal agency on your behalf.

TO WHOM IT MAY CONCERN:

assistance.

Date

I respectfully request and authorize U.S. Representative Louie Gohmert, 1st Congressional District of Texas, or any authorized member of his staff to act on my behalf, and to receive information from the proper officials regarding my issue.

Date	Signed								
Name (please print):									
First		Middle			Last				
Physical Address:			Mailin	g Address	:				
City, State, Zip Code:						County			
Work #:	C	ell #:				Fax #:			
Home #:	E	mail:							
SSN:	V	A, Alien ID	, or other c	laim #:					
Date of Birth:	C	ountry of b	irth:						
Have you opened a case with anoth	er office?	If ye	s, which o	ffice?					
Federal Agency to which this inquiry	pertains:								
FCC FTC EPA F.	AA OPM	EEOC	NPRC	FEMA	SSA	IRS	USPS	VA	DOL
Medicare Immigration	Passport DC	DD / Military	/ Branch:				Other:		
Date of initial agency contact:	-								
SSA, VA or Immigration benefit appl	lication: y	es/no		Intervie	w date:				
Date of App:	•			Current	Status:			(pending	j, appeal, denied)
Receipt Number:	U	l.S. Embas	sv handlind	your cas	e (if applica	ble):			, , ,
Briefly describe the situation (please us			, ,	,	· ''	,			
,	,	,							
Please list any individual(s) other that	an yourself with	whom you	ı would like	us to disc	cuss you	r case:			
Please return this completed form to CONGRESSMAN LOUIE G	OHMERT								
1121 ESE Loop 323, Ste.20	06 T	yler, TX 7	5701	Phone:	1-866-53	35-6302	F	ax: 903	-561-7110
I understand that by requesting the assista situation. Failure to disclose all informatio.									

Signature