PRIVACY RELEASE AUTHORIZATION

I, hereby authorize Congressman Lloyd Doggett, in accordance with the Privacy Act of 1974, Public Law 93-579, to inquire on my behalf and authorize the agency listed below to release information to Congressman Doggett or his staff concerning my request for assistance:

	SSA Medicare DOL USPS Other		Veterans □benefits/healthcare □military pay □burials/memorials □medals/awards	0	Immigration □application processing □detention/removal IRS	_	Dept. of State □ immigrant visa □ visitor visa □ passport
PLE	ASE PRINT THE	FOLLOW	ING INFORMATIO	N (if ap	oplicable):		
Name				Social Security#			
Address				Alien /Receipt/Case #			
City, State, Zip				VA Claim#			
Evening Phone				Date of Birth			
Daytime Phone				Fax			
Cellular Phone				Email			
	If Yes, please p	provide att		ntact in	g this matter? yes nformation: s/ no		
Brie	fly explain the issu	e in which	you are requesting a	ssistan	ce:		
-							
Sign	ature				Date		

Please attach the most recent correspondence you have received from the federal agency and any other pertinent information regarding this case. Feel free to use other side or additional paper if needed. Mail to: U.S. Rep. Lloyd Doggett, 300 East 8th Street, Suite 763, Austin, TX 78701-3275 or Fax to: (512) 916-5108