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:

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.

_____   **X** _____
Date   **Signature**

Name (please print): _____
                                  First   Middle   Last

Physical Address: _____ Mailing Address: _____

City, State, Zip Code: _____ County: _____

Home #:	Cell #:	Fax #:
Work #:	Email:	

SSN: _____ VA, Alien ID, or other claim #: _____

Date of Birth: _____ Country of birth: _____

Have you opened a case with another office? _____ If yes, which office? _____

Federal Agency to which this inquiry pertains (please check all that apply):

☐FCC ☐FTC ☐EPA ☐FAA ☐OPM ☐EEOC ☐NPRC ☐FEMA ☐SSA ☐IRS ☐USPS ☐VA ☐DOL
☐Medicare ☐Immigration ☐Passport ☐DOD / Military Branch: ☐Other:

Date of initial agency contact:

SSA, VA or Immigration benefit application: ☐yes ☐no   Interview date:

    Date of App: Current Status: (pending, appeal, denied)

    Receipt Number: U.S. Embassy handling your case (if applicable):

Briefly describe the situation (please use back of this form, if needed):

Briefly describe the desired outcome of the situation:

==Please list any individual(s) other than yourself with whom you would like us to discuss your case:==

Return this completed form to: **CONGRESSMAN LOUIE GOHMERT**
    1121 ESE Loop 323, Ste.206   **Tyler, TX 75701**   Phone: 1-866-535-6302   Fax: 903-561-7110

I understand that by requesting the assistance of Congressman Gohmert and his staff I am obligated to provide true and correct information regarding my situation. Failure to disclose all information or any deliberate attempt to mislead Congressman Gohmert or his staff may result in the discontinuance of assistance.

X _____
_____
Date   **Signature**