

# PRIVACY ACT RELEASE FORM

This is to advise the \_\_\_\_\_ that I have  
(Name of federal agency)  
requested Congresswoman Eddie Bernice Johnson of Texas to inquire on my behalf and  
do hereby give my permission for appropriate information in my file to be released to her.

**NAME:** \_\_\_\_\_ **HOMEPHONE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY/ZIP:** \_\_\_\_\_

**SOCIAL SECURITY #:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**NATURE OF PROBLEM (Please be specific):**

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**Name of Beneficiary:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Country of Birth:** \_\_\_\_\_

**Alien #:** \_\_\_\_\_ **Date Filed:** \_\_\_\_\_

**Form Filed:** \_\_\_\_\_ **Office Where Filed:** \_\_\_\_\_

**Name of Petitioner:** \_\_\_\_\_

**Other pertinent information:** \_\_\_\_\_

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return to: Congresswoman Eddie Bernice Johnson**

3102 Maple Avenue, Suite 600  
Dallas, Texas 75201  
Tele: 214-922-8885  
Fax: 214-922-7028  
**Attn: Collin**