

Congressman Michael McCaul Privacy Authorization Form

Name:		E-n	nail:	
Street Address:				
City:	State:	2	Zip Code:	
Home Phone:		_ Work Ph	one:	
Social Security No.: _		_ Date of B	irth:	
Federal Agency:		Claim Number:		
Please tell us about yo current status and any	corrective mea	sures you ha	ive taken to reso	olve this matter.
	- 1. 286	Same of the same o	100	
(Use additional sheets as necessary)				
In accordance with the Michael McCaul, or a r agencies relative to the	nember of his st	aff, to inqui		
Signature		Date		
Please return this form	n and document	ation to the	district office lis	sted below:
 5929 Balcones, Suite 305 Austin, TX 78731 Phone: (512) 473-2357 Fax: (512) 473-0514 	☐ Rosewood Profess 990 Village Squar Tomball, TX 7737 Phone: (281) 255- Fax: (281) 255-00	e, Suite B 5 8372	☐ 2000 S. Market Brenham, TX 77 Phone: (979) 83 Fax: (979) 830-1	833 0-8497