

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:** _____

CLAIM/FILE/ #: _____

NATURE OF PROBLEM (Please be specific):

Signature

Date

Please return to: Congresswoman Eddie Bernice Johnson

_____ 3102 Maple Avenue, Suite 600
Dallas, Texas 75201
214-922-8885 (office)
214-922-7028 (fax)