



Caseworker (please select):

Debi Echols _____
Timothy Jackson _____
Sandy Garvey _____
Laura W. Smith _____
Johnny Turner _____
Kathy Murray _____

Congressman Mo Brooks (AL-5) Privacy Act Release Form

Contact Information

Full Name: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Fax Number: _____

E-mail Address: _____

Date of Birth: _____ Social Security Number: _____ - _____ - _____

Federal Agency Involved: _____

Case/Claim/Application Number (if applicable): _____

Alien Number (if applicable): _____

Have you contacted another Congressional office or do you plan on contacting another Congressional office for assistance with this matter? ___YES ___NO

If yes, which one(s)?

_____ U.S. Senator Richard Shelby

_____ U.S. Senator Jeff Sessions

