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 hereby authorize U.S. Representative Louie Gohmert and any member of his staff to act on my behalf to receive information from the proper officials with any federal agency regarding my issue described below, to receive and review any information contained in my file and, if necessary, to forward any pertinent correspondence sent by me regarding this matter.

Date	Signature							
Name (please print):								
	First	M	iddle		ast			
Home Address:		Mailing Address:						
City, State, Zip Code:								
County: Angelina / Gregg / F	larrison / Naco	gdoches / Panol	a / Rusk / Sabine /	San Augu	stine /	Shelby / Sm	ith / Upsh	ur / Wood
Home #:		Cell #:			Fax	#:		
Nork #:		Email:						
SSN:		VA, Alien	ID, or other claim	# (if applic	cable):			
Date of Birth:		USCIS Re	eceipt # (if applica	ble):	•			
Have you opened a case wi	th another offi			,				
ederal Agency to which this	inquiry pertain	ns (please circle a	all that apply):					
FCC FTC EPA	FAA OP		DOL FEMA	SSA	IRS	Treasury	USPS	CMS
DHS USCIS / NVC / D	OS Passport	NPRC VA	DOD / Military E	Branch:		Other:		
lease list any individual(s) othe	<u>, </u>	· 		•	`			rney, etc)

regarding my situation. Failure to disclose all information or any deliberate attempt to mislead Congressman Gohmert or his staff may

