

**CONGRESSMAN JEB HENSARLING, 5th CONGRESSIONAL DISTRICT
REQUEST FOR CONGRESSIONAL INQUIRY AND PRIVACY RELEASE
FORM**

TO WHOM IT MAY CONCERN:

I respectfully request and authorize, as is or as may be required, by the Freedom of Information Act and/or The Privacy Act of 1974, U.S. House of Representative Jeb Hensarling, or any authorized member of his staff, to act on my behalf, and to obtain any documents or other information from any entity relative to my inquiry. I understand that by requesting assistance from this office, I am obligated to provide true and correct information.

YOUR SIGNED SIGNATURE: _____

Your **printed** name: (First) _____ (Middle) _____ (Last) _____
Physical Address: Street _____ City _____, TX, ZIP _____
Work #: _____ Cell #: _____ Home #: _____
E-Mail: _____ Check here if you would like to be informed
about legislative issues by e-mail ____.

SSN#: _____ DOB: _____ Country of Birth: _____

Federal Agency inquiry pertains to: SSA, VA, USPS, DOL, Military, etc. _____
Claim #: _____

If this is an **IMMIGRATION** case **print** the beneficiary's (the person you are sponsoring) **name:**
First _____ Middle _____ Last _____, your
relationship _____, DOB _____ COB _____ Passport # _____
Type of Application Filed (I-130, I-485, I-140, N-400, etc.) _____
Receipt # (MSC, TSC, etc. (+10 digits) _____ or A# (9 digits) _____
Embassy Interview Date: _____ Claim #: _____ Location of Embassy: _____

Briefly describe the problem and include any recent documentation that may be pertinent to your inquiry (use the back or attach a page if needed):

*****If you would like for Congressman Hensarling, or his staff, to be able to speak to a family member regarding this inquiry, please **print** their name here _____ and **sign** here: _____, *****

Please return this completed and signed form by facsimile to **(214) 349-0738**, or by mail to:

**Congressman Jeb Hensarling
6510 Abrams Road, Suite 243
Dallas, TX 75231**