

Congressman Michael McCaul Privacy Authorization Form

	Name:	E-mail:		
Home Phone:	Street Address:			
Social Security No.: Date of Birth: Federal Agency: Claim Number: Please tell us about your situation or difficulty. Include details regarding the current status and any corrective measures you have taken to resolve this matter. 	City:	State: Zip	Code:	
Federal Agency: Claim Number: Please tell us about your situation or difficulty. Include details regarding the current status and any corrective measures you have taken to resolve this matter.	Home Phone:	Work/Cell Pho	one:	
Please tell us about your situation or difficulty. Include details regarding the current status and any corrective measures you have taken to resolve this matter.	Social Security No.:	Date of Birth	1:	
current status and any corrective measures you have taken to resolve this matter.	Federal Agency:	Claim Numb	er:	
In accordance with the Privacy Act of 1974, I hereby authorize Congressman Michael McCaul, or a member of his staff, to inquire with the appropriate federal agencies relative to the situation stated above. Signature Date Please return this form and documentation to the district office listed below: 9009 Mountain Ridge Dr. Rosewood Professional Building Austin Building, Suite 230 Potlage Square, Suite B Austin, TX 78759 Tomball, TX 77375 Phone: (512) 473-2357 Phone: (281) 255-8372				
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Note: When submitting the Privacy Authorization form, please provide copies of any documentation you may have pertaining to your issue.