



CONGRESSMAN SAM JOHNSON

3rd District of Texas

Privacy Authorization Form

The Privacy Act of 1974 is a federal law designed to protect individuals from unauthorized use and exchange of personal information by federal agencies. Any information a federal agency has on file regarding your dealings with the United States government may not be given to another individual, agency or Member of Congress without your written permission. Family members, friends or other interested parties may not give authorization on your behalf. **Note:** Congressman Johnson's office is unable to assist with issues pending litigation in county, state and federal court.

After completing this form, please return it to:
Congressman Sam Johnson
1255 W. 15th Street, Suite 170
Plano, Texas 75075
Or fax to: (469) 304-0392

Full Name (Print or Type): _____

Permanent Address: _____

City: _____ State: TX Zip Code: _____

Cell or Home Phone: _____ Email Address: _____

PETITIONER/APPLICANT:

Name: _____ Date of Birth: _____

Country of Birth: _____ Alien Registration Number (if any): _____

BENEFICIARY:

Name: _____ Date of Birth: _____

Country of Birth: _____ Alien Registration Number (if any): _____

USCIS Information:

Receipt Number: _____ Date of Interview, Biometrics (if applicable): _____

Application/Form Type: _____ File/Claim Status (i.e. pending, denied, etc.) _____

Have you contacted another Senator or Representative for assistance with this problem? YES NO

If yes, what office? _____

****On a separate sheet of paper, please describe the difficulties you have experienced and the type of assistance you are seeking. Please be as specific as possible and include copies of all documentation pertaining to this issue.**

I, _____, hereby authorize Congressman Sam Johnson or his staff to request information from any federal or state agency or other organization in reference to my inquiry. The agency or organization is authorized to furnish Congressman Johnson or his staff with copies of any documents, correspondence or information relative to my inquiry. I understand that by requesting assistance from Congressman Johnson or his staff, I am certifying under penalty of perjury that I have provided true and correct information. Failure to disclose all information or any attempt to mislead Congressman Johnson or his staff may result in the discontinuance of assistance.

Signature (in ink)

Date