PRIVACY RELEASE AUTHORIZATION

I, hereby authorize Congressman Lloyd Doggett, in accordance with the Privacy Act of 1974, Public Law 93-579, to inquire on my behalf and authorize the agency listed below to release information to Congressman Doggett or his staff concerning my request for assistance:

❑ **SSA**	❑ **Veterans**	❑ **USCIS/Immigration**	❑ **Dept. of State**
❑ **Medicare**	❑benefits/healthcare	❑application processing	❑immigrant visa
❑ **DOL**	❑military pay	❑detention/removal	❑visitor visa
❑ **USPS**	❑burials/memorials	❑ **IRS** _____	❑passport
❑ **Other** _____	❑medals/awards	(tax year)	

PLEASE PRINT THE FOLLOWING INFORMATION (if applicable)**:**

Name_____ A #_____

Address_____ Receipt/Case # _____

City, State, Zip_____ Form type(s) _____

Home Phone_____ Date of Birth_____

Business Phone_____ Country of Birth_____

Cellular Phone _____ Email _____

Are you facing a deadline? yes _____ / no _____ When? _____

Have you contacted my office before about this matter? yes _____ / no _____

Briefly explain the issue in which you are requesting assistance:

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Signature_____**Date**_____

I certify, under penalty of perjury, that (1) I provided or authorized all of the information in this privacy release and any document submitted with it; (2) I reviewed and understand all of the information contained in my privacy release and submitted with it; and (3) all of this information is complete, true, and correct.

Please attach the most recent correspondence you have received from the federal agency and any other pertinent information regarding this case. Feel free to use other side or additional paper if needed.

For Bexar, Comal, & Guadalupe Counties:

Call my San Antonio office at **(210) 704-1080** to submit this form with one of my staff.

For Travis, Hays, & Caldwell Counties:

Call my Austin office at **(512) 916-5921** to submit this form with one of my staff.