

**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:

- |                                      |  |   |   |
|--------------------------------------|--|---|---|
| <input type="checkbox"/> SSA         | <input type="checkbox"/> Veterans            | <input type="checkbox"/> Immigration            | <input type="checkbox"/> Dept. of State |
| <input type="checkbox"/> Medicare    | <input type="checkbox"/> benefits/healthcare | <input type="checkbox"/> application processing | <input type="checkbox"/> immigrant visa |
| <input type="checkbox"/> DOL         | <input type="checkbox"/> military pay        | <input type="checkbox"/> detention/removal      | <input type="checkbox"/> visitor visa   |
| <input type="checkbox"/> USPS        | <input type="checkbox"/> burials/memorials   | <input type="checkbox"/> IRS _____              | <input type="checkbox"/> passport       |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> medals/awards       | (tax year)                                      |   |

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

Name _____	Social Security# _____
Address _____	Alien /Receipt/Case # _____
City, State, Zip _____	VA Claim# _____
Evening Phone _____	Date of Birth _____
Daytime Phone _____	Fax _____
Cellular Phone _____	Email _____

Are you facing a deadline?    yes \_\_\_\_ / no \_\_\_\_    When? \_\_\_\_

Are you currently being represented by an attorney regarding this matter? yes \_\_\_ / no \_\_\_\_

If Yes, please provide attorney's name and contact information: \_\_\_\_\_

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** \_\_\_\_\_

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.