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 Medicare DOL USPS Other		Veterans □benefits/healthcare □military pay □burials/memorials □medals/awards	<u> </u>	USCIS/Immigration □application processing □detention/removal IRS		Dept. of State □immigrant visa □visitor visa □passport
PLE	ASE PRINT THE	E FOLLOW	VING INFORMATIO	N (if ap	oplicable):		
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 dead	lline? ye	es/ no	Whe	n?		
Have	e you contacted m	ny office be	efore about this matte	er? yes	s/ no		
Brie	fly explain the issu	ue in which	you are requesting a	ssistan	ce:		
Sign	ature				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.

Mail to:

U.S. Rep. Lloyd Doggett, 300 East 8th St, Suite 763, Austin, TX 78701-3275 or Fax to: (512) 916-5108

Email to: lloyd.doggett@mail.house.gov