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 **Immigration** Veterans Dept. of State Medicare □benefits/healthcare □application processing □immigrant visa DOL □military pay □detention/removal □visitor visa **USPS** IRS □burials/memorials **□**passport Other ____ □medals/awards (tax year) PLEASE PRINT THE FOLLOWING INFORMATION (if applicable): Social Security#_____ Alien /Receipt/Case # Address VA Claim#____ City, State, Zip_____ Date of Birth Evening Phone_ Daytime Phone__ 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: Signature_____ Date Please attach the most recent correspondence you have received from the federal agency and any other

Mail to:

pertinent information regarding this case. Feel free to use other side or additional paper if needed.

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