REQUEST FOR CONGRESSIONAL INQUIRY & PRIVACY RELEASE

The Privacy Act of 1974 prevents agencies from releasing information about you to anyone without your written consent. Therefore, Congressman Gohmert must have your written authorization before he can initiate an inquiry with a federal agency on your behalf.

TO WHOM IT MAY CONCERN:

I respectfully request and authorize U.S. Representative Louie Gohmert, 1st Congressional District of Texas, or any authorized member of his staff to act on my behalf, and to receive information from the proper officials regarding my issue.

Date	Signed					_		
Name (please print):								
First Physical Address:	Mie	Middle Last Mailing Address:						
City, State, Zip Code:					Count	<i>v</i> :		
Work #:	Cell #:				Fax #:			
Home #:	Email:							
SSN:	VA, Alien	ID, or other	claim #:					
Date of Birth:	Country of	f birth:						
Have you opened a case with another of	office? If	yes, which	office?					
Federal Agency to which this inquiry pe	rtains:							
FCC FTC EPA FAA		□ NPRC	□ FEMA	□SSA	□IRS		DVA	DOL
Medicare Immigration Pas	sport DOD / Milita	ary Branch:				Other:		
Date of initial agency contact:								
SSA, VA or Immigration benefit application	tion: yes/no		Intervie	ew date:				
Date of App:			Curren	t Status			(pendin	g, appeal, denied)
Receipt Number:	U.S. Emba	assy handli	ng your ca	SE (if appli	cable):			
Briefly describe the situation (please use bac	k of this form, if needed):							

Please list any individual(s) other than yourself with whom you would like us to discuss your case:

Please return this completed form to:			
CONGRESSMAN LOUIE GOHMERT			
1121 ESE Loop 323, Ste.206	Tyler, TX 75701	Phone: 1-866-535-6302	Fax: 903-561-7110

I understand that by requesting the assistance of Congressman Gohmert and his staff I am obligated to provide true and correct information regarding my situation. Failure to disclose all information or any deliberate attempt to mislead Congressman Gohmert or his staff may result in the discontinuance of assistance.