



Congressman Michael McCaul

Privacy Authorization Form

Name: _____ E-mail: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work/Cell Phone: _____

Social Security No.: _____ - _____ - _____ Date of Birth: _____

Federal Agency: _____ Claim Number: _____

Please tell us about your situation or difficulty. Include details regarding the current status and any corrective measures you have taken to resolve this matter.

(Use additional sheets as necessary)

In accordance with the Privacy Act of 1974, I hereby authorize Congressman Michael McCaul, or a member of his staff, to inquire with the appropriate federal agencies relative to the situation stated above.

Signature

Date

Please return this form and documentation to the district office listed below:

9009 Mountain Ridge Dr.
Austin Building, Suite 230
Austin, TX 78759
Phone: (512) 473-2357
Fax: (512) 473-0514

Rosewood Professional Building
990 Village Square, Suite B
Tomball, TX 77375
Phone: (281) 255-8372
Fax: (281) 255-0034

2000 S. Market St., Suite 303
Brenham, TX 77833
Phone: (979) 830-8497
Fax: (979) 830-1984

Note: When submitting the Privacy Authorization form, please provide copies of any documentation you may have pertaining to your issue.