

# Privacy Act Release Form

The Privacy Act Release Form must be complete, received from a resident or employer of Congressional District 7 and pertain to a matter with a federal agency. Cases are not accepted from lawyers.

Prefix: \_\_\_\_\_ First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Federal Agency Involved: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

*\*USCIS inquiries: Please provide a copy of the receipt of the application for which you are requesting assistance.*

**Please explain the problem:**

---

---

---

**What is the current status of the problem?**

---

---

---

**How would you like my office to help you?**

---

---

---

**RETURN THIS FORM via MAIL OR FAX:**

U.S. Representative John Culberson  
10000 Memorial Drive, Suite 620  
Houston, TX 77024-3490  
202.225.4381 (fax)

**HONESTY POLICY:** 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.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Due to the provisions of the Privacy Act of 1974 (Title 5, Section 552A of the United States Code) permission in writing is required before making an inquiry on your behalf. Completing and signing this form authorizes Rep. John Culberson to make inquiries to the appropriate officials on your behalf