

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: _____

**U.S. Citizenship and Immigration Services 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: Please understand that by requesting assistance from my office, you are obligated to provide true and correct information regarding your situation. Failure to disclose all information or any deliberate attempt to mislead me or my staff may result in the termination of assistance.

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