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 hereby authorize U.S. Representative Louie Gohmert and any member of his staff to act on my behalf to receive information from the proper officials with any federal agency regarding my issue described below, to receive and review any information contained in my file and, if necessary, to forward any pertinent correspondence sent by me regarding this matter.

_____ X _____

Date **Signature (Electronic signature is not accepted)**

Name (please print): _____

First Middle Last

Home Address: Mailing Address:

City, State, Zip Code:

County: Angelina / Gregg / Harrison / Nacogdoches / Panola / Rusk / Sabine / San Augustine / Shelby / Smith / Upshur / Wood

Home #: Cell #: Fax #:

Work #: Email:

SS# / MBI: VA, Alien ID, or other claim # (if applicable):

Date of Birth: USCIS Receipt # (if applicable):

Have you opened a case with another office? yes / no If yes, which office?

Federal Agency to which this inquiry pertains (please circle all that apply):

FCC FTC EPA FAA OPM EEOC DOL FEMA SSA IRS Treasury USPS CMS

DHS USCIS / NVC / DOS Passport NPRC VA DOD / Military Branch: Other:

Briefly describe the situation (please use back of this form, if needed):

Please list any individual(s) other than yourself with whom you would like us to discuss your case (such as spouse, children, attorney, etc):

Return this completed form and a ***PHOTOCOPY OF YOUR GOVERNMENT ISSUED IDENTIFICATION*** *(driver license, etc.)* to:

U.S. REPRESENTATIVE LOUIE GOHMERT / 1121 E. Southeast Loop 323, Suite 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.

_____ X _____

Date **Signature (Electronic signature is not accepted)**

formrev7/2021