



Congresswoman Sheila Jackson Lee- 18th Congressional District

420 West 19th Street
Houston, TX 77008
Phone (713) 861-4070
Fax (713) 861-4323

1919 Smith Street
Suite 1180
Houston, TX 77002
Phone (713) 655-0050
Fax (713) 655-1612

6917 W. Montgomery
Houston, TX 77019
Phone (713) 691-4882
Fax (713) 699-8292

2435 Rayburn HOB
Washington, DC 20515
Phone (202) 225-3816
Fax (202) 225-3317

Privacy Act Release Form

Name: _____

Mailing Address _____ City _____ Zip _____

Residential Address _____ City _____ Zip _____

Home Ph. _____ Cell Ph. _____ Work Ph. _____

Date of Birth _____ Email _____

Social Security Number or ID: _____

INS Texas Service Center Receipt (SRC No.) (if applicable) _____

Agency of Contact: _____

Alien Registration Number (if applicable) _____

Veteran's Claim Number (if applicable) _____
Branch _____

Tax Year Involved (if applicable) _____

Nature of Problem (Briefly state how would you like the Congressional Office to assist you on this form.)

Please do not write "see attached" on this form. You must explain your request on this form:

I understand that under the provisions contained in the Privacy Act of 1974, Federal government agencies may not release records without an individual's written consent. I hereby authorize Congresswoman Sheila Jackson Lee and her staff to make the necessary inquiries on my behalf and to obtain all necessary information regarding my request.

Date _____

Signature _____