

Office of Congresswoman Eddie Bernice Johnson – TX30
PRIVACY ACT RELEASE FORM

Under the Privacy Act of 1974, federal agencies are prohibited from disclosing information from your files without your written consent. By completing this form and signing the Privacy Act statement below, you authorize the federal agency/agencies involved to disclose said information to U.S. Representative Eddie Bernice Johnson and/or members of her staff. Said information will be kept confidential by them. You also affirm that this request for assistance is in no way an attempt to evade or violate any federal, state, or local law.

NAME (Last) _____ (First) _____ (MI) _____

ADDRESS: _____ CITY _____ ZIP: _____

PHONE _____ MOBILE _____ WORK _____

EMAIL ADDRESS: _____ ALT _____

SSN #: _____ DATE OF BIRTH: _____

THIRD PARTY (if applicable) _____ RELATIONSHIP _____

PHONE: _____ EMAIL ADDRESS: _____

FEDERAL AGENCY OR AGENCIES INVOLVED: _____

NATURE OF PROBLEM (Please be specific):

I hereby authorize the release of information, including my medical records and any appropriate information in my file, or copies thereof, to U.S. Representative Eddie Bernice Johnson of the 30th Congressional District of Texas and/or her staff to inquire on my behalf pertaining to the issue(s) stated above.

Signature

Date

PLEASE RETURN THE COMPLETED FORM BY MAIL, FAX, OR IN PERSON TO:
Congresswoman Eddie Bernice Johnson
District Office
1825 Market Center Boulevard, Suite 440
Dallas, Texas 75207
(214) 922-8885 OFFICE ~ (214) 922-7028 FAX