

One Hundred and Eighth  
**Congress of the United States**  
**House of Representatives**  
Washington, DC 20515-4322

**PRIVACY RELEASE FORM**

**IMPORTANT:** In order for this form to be processed, you must **SIGN** and **DATE** this document in the space provided below. *Congressman DeLay can only provide services to constituents of the 22<sup>nd</sup> Congressional District of Texas.*

**Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Birthplace:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **Apartment:** \_\_\_\_\_

**City, State, Zip Code:** \_\_\_\_\_

**Phone Numbers:** (Home) \_\_\_\_\_  
(Work) \_\_\_\_\_  
(Fax) \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

I hereby request assistance from Congressman DeLay with the following federal agency or matter:

\_\_\_\_\_  
**Give a brief description of your request and your desired outcome below. Please attach any additional documentation, and be sure to include any identification or case numbers.**

**The Privacy Act of 1974 requires that you authorize access to your private records. Without your authorization, an inquiry on your behalf will not be possible.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**