

PRIVACY RELEASE FORM

I hereby authorize Congressman Joe Barton to request on my behalf, pertinent to the Freedom of Information and Privacy Act, access to information concerning me in the files of:

(Department or Agency)

Congressman Joe Barton is also authorized to see any materials that may be disclosed to this request and to speak on my behalf.

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

DAYTIME TELEPHONE: _____ EMAIL: _____

List any or all identifying numbers which apply to your situation:

Social Security # _____ Veteran Affairs # _____

OWCP# _____ Immigration A# _____

For military casework: Branch of Service _____

Dates of Service _____ Rank _____

Any other relevant numbers _____

Briefly state the outcome you are seeking _____

Please state the nature of your problem (be specific) _____

(If you need additional space, please use another sheet of paper.)

SIGNATURE _____ DATE _____

Mail to: Congressman Joe Barton
6001 West I-20, Suite 200
Arlington, Texas 76017-2811

817-543-1000
817-926-2618 fax
1-877-263-2833 toll free