

**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 Moran 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 Nathaniel Moran 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.



\_\_\_\_\_ Date

\_\_\_\_\_ Signature (Electronic signature is not accepted)

Name (please print):

\_\_\_\_\_ First

\_\_\_\_\_ Middle

\_\_\_\_\_ Last

Home Address:

Mailing Address:

City, State, Zip Code:

County of Residency: Bowie / Camp / Cass / Gregg / Franklin / Harrison / Marion / Morris / Panola / Red River / Rusk / Sabine / San Augustine / Shelby / Smith / Titus / Upshur

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 NATHANIEL MORAN / 1121 E. Southeast Loop 323, Suite 206, Tyler, TX 75701**

Phone: 903-561-6349 or 866-535-6302 / Fax: 903-561-7110

I understand that by requesting the assistance of Congressman Moran 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 Moran or his staff may result in the discontinuance of assistance.



\_\_\_\_\_ Date

\_\_\_\_\_ Signature (Electronic signature is not accepted)