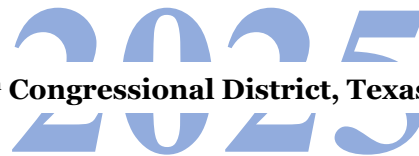**Privacy Act Release Form - Representative Vicente Gonzalez - 34ᵗʰ Congressional District, Texas**

2025

Under the Privacy Act of 1974, federal agencies are prohibited from disclosing information from your files to anyone without your written authorization. By completing this form and signing the Privacy Act statement below, you are authorizing the federal agency involved to disclose such information to U.S. Congressman Vicente Gonzalez and/or members of his staff. Such information will be kept confidential by them. By signing, you also affirm that this request for assistance is in no way an attempt to evade or violate any federal, state, or local law.

PLEASE COMPLETE AND RETURN FORM TO THE DISTRICT OFFICE ASSIGNED TO HANDLE YOUR CASE.

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

ADDRESS_____

CITY_____ZIP_____COUNTY_____

EMAIL_____

PHONE_____ALT#_____DATE OF BIRTH_____

Social Security Number_____

THIRD PARTY (if applicable)_____ Relationship_____

Indicate Agency

☐ Department of State ☐ Department of Defense ☐ Department of Labor ☐ VA

☐ Social Security ☐ Medicare ☐ IRS ☐ USDA ☐ USCIS ☐ OPM

Other (Specify) _____

☐ Letter of Support (Please Indicate Deadline) _____

If your matter concerns the **US MILITARY OR VETERANS AFFAIRS,** please provide the following information:

BRANCH_____ RANK_____CONFLICT_____

DATE OF SERVICE_____TO_____COMBAT SERVICE: ☐ NO ☐ YES

Is this matter currently under consideration by an attorney?   ☐ NO ☐ YES
Have you contacted any other Congressional office about this matter? ☐ NO ☐ YES

NAME_____

NOTE: If you would like Rep. Gonzalez to take over your case from another congressional office, you must provide written documentation form that office indicating that the matter is closed with any other U.S. Representative or Senator's office before we can proceed on your behalf.
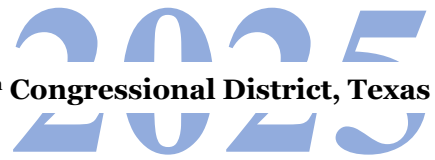
PLEASE EXPLAIN THE **ISSUE** YOU ARE FACING WITH THE AGENCY:
*Please include **Tax Form** and **Tax Year** if you are facing an issue with the **IRS**.*

PLEASE EXPLAIN THE **OUTCOME** YOU WOULD LIKE TO SEE FROM THE AGENCY:

SIGNATURE_____DATE_____