

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 _____

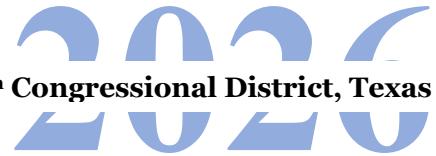
DATE OF SERVICE _____ TO _____ COMBAT SERVICE: NO YES

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 from 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_____