

VICENTE GONZALEZ  
15TH DISTRICT, TEXAS

COMMITTEE ON FINANCIAL SERVICES

SUBCOMMITTEE ON INVESTOR PROTECTION,  
ENTREPRENEURSHIP AND CAPITAL MARKETS

SUBCOMMITTEE ON HOUSING, COMMUNITY  
DEVELOPMENT AND INSURANCE

SUBCOMMITTEE ON DIVERSITY AND INCLUSION

COMMITTEE ON FOREIGN AFFAIRS

SUBCOMMITTEE ON WESTERN HEMISPHERE,  
CIVILIAN SECURITY, AND TRADE

SUBCOMMITTEE ON EUROPE, EURASIA, ENERGY,  
AND THE ENVIRONMENT

**Congress of the United States**  
**House of Representatives**  
Washington, DC 20515-4315

WASHINGTON OFFICE  
113 CANNON HOUSE OFFICE BUILDING  
WASHINGTON, D.C. 20515  
(202) 225-2531

MCALLEN OFFICE  
1305 W. HACKBERRY AVENUE  
MCALLEN, TX 78501  
(956) 682-5545

gonzalez.house.gov

Dear Constituent:

Thank you for contacting my office and allowing me to be of assistance. In order to support you in resolving your situation, my office must receive the following items:

1. Letter detailing the history of the problem, and your desired resolution. (Including contact information for any individuals you have previously worked with on this matter)
2. Photocopies of supporting documentation
3. Valid Photo Identification Card
4. Signed and dated Privacy Release Form (enclosed)

Please note that per Federal Agency requests, Congressional Privacy Release Forms must be completed with all appropriate information. It is required that a brief written statement detailing the issue and the desired outcome be on the official form. Any additional information/documents can be included in supporting pages. Per House policy it required that a copy of State Issued ID be submitted as well.

A Constituent Services Representative in my McAllen District Office is prepared to make inquiries on your behalf as soon as you complete the requested information.

Please return the required documentation to the following address:

Congressman Vicente Gonzalez  
Attn: Stephanie Toscano  
1305 W Hackberry Ave  
McAllen, TX 78501

Documentation may also be provided via e-mail to [Stephanie.Toscano@mail.house.gov](mailto:Stephanie.Toscano@mail.house.gov). We look forward to serving you.

Sincerely,



Vicente Gonzalez  
Member of Congress



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 \_\_\_\_\_

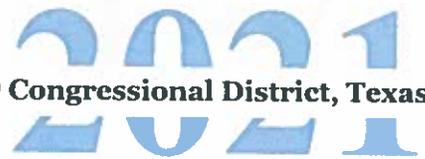
DATE OF SERVICE \_\_\_\_\_ TO \_\_\_\_\_ COMBAT SERVICE:  NO  YES

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.*

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

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*Pursuant to the provisions of 5 U.S. Code 552a (Privacy Act of 1974) P.L. 93-579, I hereby authorize the release of information from my medical records, any files pertaining to me, or copies thereof, to U.S. Representative Vicente Gonzalez and/or specify \_\_\_\_\_ to act on my behalf to obtain and share with Congressman Gonzalez's caseworker ANY INFORMATION NECESSARY TO ASSIST ME WITH THE REQUESTED DISPOSITION OF MY CASE.*

*I declare under penalty of perjury that the foregoing is true and correct.*

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_