



Privacy Release Form
Congressman John R. Carter
31st Congressional District, Texas
Bell County Office

6544 B S. General Bruce Drive
Temple, Texas 76502

Phone: (254) 933-1392
Fax: (254) 933-1650

Name (Please circle) Mr/Mrs/Ms
Address
City/State/Zip
Home Phone:
Business Phone:
Cell Phone:
Email:

Please complete sections applicable to your case:

Social Security Number
Date of Birth
Medicare Beneficiary Identifier
OPM
Veterans Claim Number
Military ID and Branch
INS Alien/Receipt Number
Federal Agency Involved
Requested Benefits
Do you have legal representation?

Additional information/explanation of request (you may attach additional documentation):

Have you contacted other Representatives or Senators about this issue?
If yes, which office(s)?
How did you hear about Constituent Services?
Would you like to be subscribed to Rep. Carter's e-newsletters? Yes No

Pursuant to the Privacy Act of 1974 (5 U.S.C. § 552a), I hereby authorize appropriate governmental agencies to release information about me and relevant to this inquiry to Representative John R. Carter.

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

(Signature) (Date)