



**Privacy Release Form
Congressman John R. Carter
31st Congressional District, Texas
Round Rock Office**

1717 IH-35, Suite 303
Round Rock, Texas 78664

Phone: (512) 246-1600
Fax: (512) 246-1620

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)