



PRIVACY RELEASE FORM

Waco Office:
400 Austin Ave, Ste 302
Waco, TX
76701-2139

Huntsville Office:
901 Normal Park Dr,
Ste 208 Huntsville, TX
77320-3770

Lufkin Office:
300 E Shepherd Ave,
Ste 210 Lufkin, TX
75902-3252

Nacogdoches Office:
3034 Raguet St
Nacogdoches, TX
75965-2852

NAME: _____

ADDRESS: _____

HOME PHONE: (____) ____-____

CELL PHONE: (____) ____-____

EMAIL ADDRESS: _____

SOCIAL SECURITY NUMBER: ____-____-____

DATE OF BIRTH: ____/____/____

DESCRIPTION OF SERVICE YOU ARE SEEKING: _____

PLEASE ATTACH ANY ADDITIONAL INFORMATION NEEDED

In accordance with the provisions of the Privacy Act, I authorize Congressman Pete Sessions and his staff to make appropriate inquiries on my behalf to a government agency to assist with my case. I understand that by making this request, I am obligated to provide truthful information in this privacy release and any document submitted with it. All information given is complete, true, and correct to the best of my knowledge.

Signature: _____

Date: ____/____/____

Signature of Guardian or Power of Attorney if Necessary: _____