Congressman Ciro D. Rodriguez

Texas, 23rd District
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If you have a concern with a Federal Agency and want this office to conduct an inquiry please mark appropriate agency/department.

| | HOUSING | | IMMIGRATION | | IRS | | MEDICARE
| | MILITARY/VETERANS AFFAIRS | | MISCELLANOUS | | OPM
| | OWCP/DOL | | SOCIAL SECURITY | | US POSTAL

TO WHOM IT MAY CONCERN

I, the undersigned authorize Congressman Ciro D. Rodriguez and staff to request any information on my behalf from any federal agency, state, county, or city agency pertaining to my inquiry.

Por medio de la presente, autorizo al Congresista Ciro D. Rodriguez y/o su personal a que obtenga información de cualquier dependencia federal, estatal, del condado o la ciudad con respeto a mi investigación

Legal name/Nombre Legal: _____

Address/Domicilio: _____

City/Ciudad: _____ Zip Code/Código Postal: _____

Home Telephone/Telefono de su domicilio: _____

Work Telephone/Telefono de su trabajo: _____

Place and Date of Birth/Fecha y lugar de nacimiento: _____

Social Security/ Numero de seguro social: _____ Other ID# _____

E-mail Address: _____
If you would like to receive an e-newsletter please check here [ ]

Briefly explain problem including important dates/explique su problema brevemente incluyendo fechas y datos importantes: _____

_____

_____

_____

Implementation of Privacy Act of 1974, information from my personal records may not be released to anyone without my expressed and written consent.

Código de proteción sobre los derechos de privacia de 1974; No se proporcionará información personal sin mi consentimiento verbal y/o escrito.

Constituent Signature/Firma: _____

Date/Fecha: _____ Name of Caseworker: _____

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