



United States Representative TJ Cox

Privacy Act Consent Form

Name: _____ Prefix: Mr. Mrs. Miss Ms.
 Date of Birth: _____ Social Security Number: _____
 Address: _____
 Phone Number: _____ Alternate Phone Number: _____
 E-mail: _____

Would you like to designate another person with whom we may discuss the details of your case? _____
 Name of designee: _____ Contact Phone Number: _____

Federal agency with which you seek assistance with: _____
 Have you contacted another congressional office regarding this matter? _____
 If yes, which representative and date of contact? _____

USCIS: Alien Registration Number: _____ Case #: _____
 Immigration Form Filed: _____ USCIS Office: _____

US Embassy: US Embassy Contacted: _____ Embassy Case #: _____

VA: Case #: _____ VA Office: _____ Branch of Service: _____

Briefly explain the issue:

***Attach additional pages if necessary and include copies of all relevant documents received from the federal agency with which you seek assistance. Do not send original documents, as we cannot ensure their safe return.**

I understand that the provisions of the Privacy Act of 1974 prohibit the disclosure of information of a personal nature from the files of an individual without his or her consent. In accordance with the provisions of the Privacy Act and under penalty of perjury, I certify the information in this release and inquiry is true and accurate to the best of my knowledge and, I hereby authorize Congressman TJ Cox and his staff to receive any information from the above stated federal agency(s).

Signature: _____ Date: _____

Please return signed form along with any additional information to:

Congressman TJ Cox
 Attention: Constituent Services Director
 2117 Selma Street
 Selma, CA 93662
 CA21TC.casework@mail.house.gov
 Phone: (559) 460-6070
 Fax: (833) 284-9089