RELEASE OF INFORMATION

I, _____, do hereby authorize the release of any and all
(PLEASE PRINT FULL NAME)
information contained in my file to authorized representatives of the office of CONGRESSMAN SILVESTRE REYES.

I understand that if under federal and state privacy laws, I do not have to give such release, I do so since I have voluntarily sought the assistance of CONGRESSMAN SILVESTRE REYES.

I also understand that if deemed necessary by CONGRESSMAN SILVESTRE REYES' office, they have full permission and authorization to forward any correspondence I may have sent them concerning my case.

I further understand that I will save harmless both the agency divulging the information and CONGRESSMAN REYES' office as it relates to the giving and accepting of any information on my behalf.

_____
(SIGNATURE OF FULL NAME)

_____
(DATE)

_____

A#(INS Only)_____

_____
(ADDRESS, INCLUDING ZIP CODE)

Date of Birth_____

Case Number (if any)_____

_____
(PHONE: DAYTIME AND HOME)

_____
(SOCIAL SECURITY NUMBER)

In order for us to initiate an inquiry on your behalf, this form must be returned to the address below *within 15 calendar days* of receipt. In addition, keep in mind that sufficient time must be given to the agency to appropriately respond. This process takes approximately 30 to 60 days.

Congressman Silvestre Reyes
310 N. Mesa, Suite 400
El Paso, Texas 79901

For Internal Use Only:

Staff: SP____ KM____ YE____ GV____ RS____ GC____ PB____ MU____
Primary Agency:_____