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(BY APPOINTMENT ONLY)



COMMITTEE ON
ENERGY AND COMMERCE
VICE CHAIR
SUBCOMMITTEE ON ENERGY AND POWER
SUBCOMMITTEE ON COMMERCE,
MANUFACTURING AND TRADE
SUBCOMMITTEE ON
COMMUNICATIONS AND TECHNOLOGY

Congress of the United States
House of Representatives
Washington, DC 20515

In accordance with the Privacy Act of 1974, I, _____ give my personal authorization to Congressman Pete Olson, and/or his staff, designated by him, to make a proper inquiry on my behalf concerning the following _____

I DO DO NOT authorize the office of Congressman Pete Olson to release information regarding my case to Third Party individuals. *If you checked "DO", you may list 1 authorized contacts (ex. Legal Representative, Spouse, Friend, etc.) below. We will only share information with those listed below only if they contact our office.*

Name: _____ Relationship: _____

Name (Please Print)

Social Security Number *Not needed for USCIS or DoS

Address

Claim Number (If Applicable)

City State Zip

Preferred Phone Number

Signature Date Signed

Email Address

THIS FORM MUST BE SIGNED BY THE PERSON NEEDING HELP, OR, HIS/HER DESIGNATED POWER OF ATTORNEY
Please note that while I strive to assist my constituents, completing this form does not guarantee that my office will be able to assist you if your concern does not fall under the jurisdiction of the federal government.