

PETE OLSON
22ND DISTRICT, TEXAS



COMMITTEE ON
ENERGY AND COMMERCE
SUBCOMMITTEE ON ENERGY
SUBCOMMITTEE ON
COMMUNICATIONS AND TECHNOLOGY

COMMITTEE ON SCIENCE,
SPACE AND TECHNOLOGY
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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 certify, under penalty of perjury, that 1) I provided or authorized all of the information in this privacy release and any document submitted with it; 2) I reviewed and understand all of the information contained in my privacy release and submitted with it; and 3) all of this information is complete, true, and correct. I, _____, authorize DHS to release information contained in my DHS records as relevant to checking my case status, and to the extent permitted by law, to Congressman Pete Olson and the Member's staff.

Name

Alien Number & Receipt Number

USCIS Immigration Benefits and Form Number

Date of Birth & Place of Birth

Address

Preferred Phone Number

City State Zip

Email Address

Signature Date

THIS FORM MUST BE SIGNED BY THE PERSON WHOSE INFORMATION IS BEING SAUGHT

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.