



Congressman Ron Wright (TX-06)  
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### Privacy Release Form

I hereby authorize Congressman Ron Wright to request on my behalf, pertinent to the Freedom of Information and Privacy Act, access to information concerning me in the files of:

\_\_\_\_\_ (Department or Agency)

Congressman Ron Wright is also authorized to see any materials that may be disclosed to this request and to speak on my behalf.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ TX Zip \_\_\_\_\_

Cell phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Email \_\_\_\_\_ @ \_\_\_\_\_

List any or all identifying numbers which apply to your situation

Social Security # \_\_\_\_\_ Veteran Affairs # \_\_\_\_\_

OWCP # \_\_\_\_\_ DOL # \_\_\_\_\_

Military casework Branch of Service \_\_\_\_\_ Dates of Service \_\_\_\_\_ Rank \_\_\_\_\_

Briefly state the outcome you are seeking:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(if you need additional space please use another sheet of paper)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail to: Congressman Ron Wright  
5840 West Ronald Reagan Memorial Highway, Suite 115  
Arlington, Texas 76017-2811

817-775-0370 or 888-671-6320 fax