

KATHY CASTOR
14TH DISTRICT, FLORIDA



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COMMITTEE ON
ENERGY AND COMMERCE
SUBCOMMITTEE ON HEALTH
SUBCOMMITTEE ON
ENERGY AND POWER
SUBCOMMITTEE ON
OVERSIGHT AND INVESTIGATIONS
COMMITTEE ON THE BUDGET
REGIONAL WHIP

Congress of the United States
House of Representatives
Washington, DC 20515-0914

AUTHORIZATION SHEET

The Privacy Act of 1974, states that disclosures of a personal or confidential nature will no longer be permitted to third parties without the express written consent of the individual. In order for Congresswoman Kathy Castor (or her representative) to act on your behalf, please complete and sign the following statement.

Please Note: If you are inquiring on behalf of someone, that person must sign the release.

Today's Date _____ Social Security Number _____

Name Mr. Mrs. Ms. Dr. _____

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Date of Birth _____ Place of Birth _____

Email Address _____

Is Spanish your primary language? Es su idioma primario Español? _____

Please complete the sections that apply to your case.

Military of Veterans Issues

Military ID/VA ID/Other ID Number _____ Sponsor's ID/SSN _____

Rank / Unit _____ Duty Station _____

Immigration Issues

Receipt Number _____ Alien Registration Number _____

Type of Application Filed _____

Passport: Number _____ Date _____ Expiration _____

Certificate of Naturalization No: _____ Date of Issuance _____

PLEASE COMPLETE PAGE 2 OF THIS FORM

Social Security Administration

Type of file claimed _____

Attorney: Name _____ Address _____ Phone _____

Initial Claim Date Filed _____ Pending Approved Denied

Reconsideration Date Filed _____ Pending Approved Denied

ALJ Hearing Date Filed _____ Pending Approved Denied

Appeals Council Date Filed _____ Pending Approved Denied

Case Details

Please include a detailed explanation of your case and include any relevant documents.

Multiple horizontal lines for case details.

I hereby authorize Congresswoman Kathy Castor or her representatives to make inquiries into my personal records and/or files and to obtain information about me pertaining to my request for assistance.

Signature _____ For The Attention Of _____

Please return form to:

By Mail: Office of Congresswoman Kathy Castor 4144 North Armenia Avenue, Suite 300 Tampa, Florida 33607

By Fax: (813) 871-2864

Questions: (813) 871-2817