

KATHY CASTOR  
14TH DISTRICT, FLORIDA

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**

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**PRIVACY RELEASE FORM**

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 U.S. Representative Kathy Castor (or her staff) to act on your behalf, please complete and

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

Date: \_\_\_\_\_ Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_ Other: \_\_\_\_\_ Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**COMPLETE THE SECTIONS THAT APPLY TO YOUR CASE**

**I. IMMIGRATION/RELATED ISSUES WITH THE FOLLOWING AGENCIES:**

- U.S. Citizenship & Immigration Services (USCIS)
- National Visa Center (NVC)
- U.S. Embassy/Consulate Country/Location: \_\_\_\_\_

**\*\*Attach copy of: NOTICES OF ACTION, LETTERS, DECISIONS, and OTHER DOCUMENTS**

**Type of application filed:** Receipt No: \_\_\_\_\_

- I-30 / Visa for Relative \_\_\_\_\_
- I-730 / Refugee/Asylee for Relative \_\_\_\_\_
- I - 485 / Permanent Residence (Green Card)
- N - 400 / Naturalization / Citizenship
- Other: \_\_\_\_\_

Petitioner: \_\_\_\_\_ see copy of attached document

Beneficiary: \_\_\_\_\_

Phone: \_\_\_\_\_

Beneficiary's Address: \_\_\_\_\_

**PHOTO ID REQUIRED FOR PETITIONER AND BENEFICIARY**

**II. INTERNAL REVENUE SERVICES (IRS):**

IRS Refunds: \_\_\_\_\_ ID Theft: \_\_\_\_\_

Other: \_\_\_\_\_

**\*\*Attach copy of:**

PHOTO I.D. \_\_\_\_\_, DRIVER'S LICENSE \_\_\_\_\_, SOCIAL SECURITY CARD \_\_\_\_\_, ID THEFT \_\_\_\_\_ AFFIDAVIT \_\_\_\_\_,  
ID THEFT POLICE REPORT \_\_\_\_\_, INCOME TAX RETURN WITH 2<sup>ND</sup> PAGE SIGNED \_\_\_\_\_

**III. MEDICARE**

Type of issue with Medicare \_\_\_\_\_

**\*\*Attach copy of:**

SOCIAL SECURITY CARD \_\_\_\_\_, MEDICARE CARD \_\_\_\_\_, CORRESPONDENCES/NOTICES \_\_\_\_\_.

**IV. PASSPORTS**

Type of Issue with Passport Agency: \_\_\_\_\_

Reasons for expedite process : \_\_\_\_\_

**\*\*Attach copy of:**

PASSPORT AUTHORIZATION FORM # \_\_\_\_\_, CONSENT FORM FROM PARENTS (FOR MINOR) \_\_\_\_\_,  
PHOTO I.D. \_\_\_\_\_, RECEIPT FOR PASSPORT APPLICATION/ROUTE # \_\_\_\_\_, TRAVEL ITINERARY \_\_\_\_\_.

**V. SOCIAL SECURITY ADMINISTRATION**

Social Security # \_\_\_\_\_ (copy of card

attached)

Type of issue with Social Security: Replacement of Card: \_\_\_\_\_

Other: \_\_\_\_\_

Find Status of Claim for Disability: \_\_\_\_\_, Expedite: \_\_\_\_\_/Reason for Expediting

Claim: \_\_\_\_\_

Type of file

claimed: \_\_\_\_\_

Attorney:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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

**\*\*Attach copy of: ALL SUPPORTING DOCUMENTS EXCEPT MEDICAL RECORDS**

**VI. VETERANS**

Type of issue with Veterans Affairs Dpt.: \_\_\_\_\_

Reason to Expedite: \_\_\_\_\_

**\*\*Attach copy of: MILITARY OR VA I.D.: \_\_\_\_\_, DRIVER'S LICENSE: \_\_\_\_\_, DISCHARGE CERTIFICATE, DD-214: \_\_\_\_\_,  
CORRESPONDENCES, ETC. EXCEPT MEDICAL RECORDS**

**VII. MISCELLANEOUS ISSUES WITH OTHER FEDERAL AGENCIES**

Type of issue with other federal agency: \_\_\_\_\_

**\*\*Attach copy of: CORRESPONDENCES, NOTICES, ETC.**

