

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 (I-797), PROOF OF U.S. CERTIFICATE OF NATURALIZATION/CITIZENSHIP CERTIFICATE, COPY OF LPR (GREEN CARD), LETTERS, DECISIONS, and OTHER DOCUMENTS.**

Type of application filed:

Receipt No: _____

- I-765 / Employment Authorization/Work Permit
- I - 485 / Permanent Residence (Green Card)
- N - 400 / Naturalization / Citizenship
- I-130 / Visa for Relative
- I-131 / Travel Document

- I-730 / Refugee/Asylee for Relative _____
- N-600 / Certificate of Citizenship
- N-648 / Medical Certification for Disability Exceptions
- Other: _____

Petitioner: _____ see copy of attached document

Beneficiary: _____

Phone: _____

Beneficiary's Address: _____

****ATTACH COPY OF: PHOTO ID FOR PETITIONER AND BENEFICIARY, COPY OF PASSPORT OR NATIONAL PHOTO ID**

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 2ND 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.**

