

KATHY CASTOR
14TH DISTRICT, FLORIDA

SELECT COMMITTEE ON
THE CLIMATE CRISIS
CHAIR

COMMITTEE ON
ENERGY AND COMMERCE
SUBCOMMITTEE ON HEALTH

SUBCOMMITTEE ON
CONSUMER PROTECTION AND
COMMERCE

SUBCOMMITTEE ON
OVERSIGHT AND INVESTIGATIONS



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

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DISTRICT OFFICE:
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TAMPA, FL 33607
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PRIVACY RELEASE FORM

*****FOR ALL FEDERAL AGENCIES EXCLUDING IMMIGRATION*****

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 sign the following statement.

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

Date:	Mr.	Mrs.	Ms.	Other:	Name:
ADDRESSES					
Physical:		City:		State:	Zip Code:
Mailing:		City:		State:	Zip Code:
PHONE NUMBERS					
Home:		Cell:		Work:	
Email:					
COMPLETE SECTIONS THAT APPLY TO YOUR CASE					
I. INTERNAL REVENUE SERVICES (IRS):					
IRS Refunds:		ID Theft:		Other:	
<i>Attach copy of:</i>					
	PHOTO ID		SOCIAL SECURITY CARD		ID THEFT AFFIDAVIT
	ID THEFT POLICE REPORT		INCOME TAX RETURN WITH SECOND PAGE SIGNED		
II. MEDICARE:					
Type of Medicare issue:					
<i>Attach copy of:</i>					
	SOCIAL SECURITY CARD		MEDICARE CARD		
	CORRESPONDENCE / NOTICES		PHOTO ID		

III. PASSPORTS:				
Type of issue with Passport Agency:				
Reason(s) for expedited process:				
<i>Attach copy of:</i>				
	PASSPORT AUTHORIZATION FORM DS 5505			CONSENT FORM FROM PARENTS (FOR MINOR)
	PHOTO ID		RECEIPT FOR PASSPORT APPLICATION/ROUTE NO.	TRAVEL ITINERARY
IV. SOCIAL SECURITY ADMINISTRATION:				
Social Security No.:		<i>Attach copy of social security card</i>		
Type of Social Security issue:				
Card replacement:		Other:		
Expedite and reason for expedited process:		<i>Attach copy of legal proceedings or Physicians Diagnostic and prognostic</i>		
Status inquiry for disability claim:		Type of claim filed:		
ATTORNEY INFORMATION				
Name:		Address:		Phone:
Claims process	Date filed	Pending	Approved	Denied
Initial claim				
Reconsideration				
ALJ hearing				
Appeals council				
<i>Attach copies of: ALL SUPPORTING DOCUMENTS <u>EXCEPT</u> MEDICAL RECORDS</i>				
V. VETERANS				
Type of Veterans Affairs Department issue:		Reason for expedited process: <i>(Attach copy of legal proceedings or Physicians Diagnostic and prognostic)</i>		
<i>Attach copy of:</i>				
	MILITARY OR VA I.D.		DRIVER'S LICENSE	DISCHARGE CERTIFICATE, DD-214
CORRESPONDENCES, ETC. EXCEPT MEDICAL RECORDS				
VI. MISCELLANEOUS ISSUES WITH OTHER FEDERAL AGENCIES				
Type of issue with other federal agency:		Attach copy of CORRESPONDENCES, NOTICES, ETC.		
	PHOTO ID	Misc.		

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

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

I		, PETITIONER hereby authorize U.S. Representative Kathy Castor or her
staff to work on my behalf and make inquiries into my personal records and/or files and obtain information about me pertaining to my request for assistance with any federal agency relevant to the matter described above, to receive and review any information contained in my file and, if necessary, to forward any pertinent correspondence sent by me regarding this matter.		
Signature/Firma:		For the attention of:
I		, BENEFICIARY hereby authorize U.S. Representative Kathy Castor or her
staff to work on my behalf and make inquiries into my personal records and/or files and obtain information about me pertaining to my request for assistance with any federal agency relevant to the matter described above, to receive and review any information contained in my file and, if necessary, to forward any pertinent correspondence sent by me regarding this matter.		
Signature/Firma:		For the attention of:

Please return form by mail:

Office of U.S. Representative Kathy Castor
4144 North Armenia Avenue, Suite 300
Tampa, Florida 33607

Or by fax:

(813) 871-2864

Questions:

(813) 871-2817