

KATHY CASTOR
14TH DISTRICT, FLORIDA

COMMITTEE ON
ENERGY AND COMMERCE
VICE RANKING MEMBER
SUBCOMMITTEE ON HEALTH

SUBCOMMITTEE ON
ENERGY AND POWER

SUBCOMMITTEE ON
OVERSIGHT AND INVESTIGATIONS



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

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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:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> 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:	
Attach copy of:			
S.S.# _____	Social Security Card	Photo I.D.	I.D. Theft Affidavit
ID THEFT POLICE REPORT	INCOME TAX RETURN WITH SECOND PAGE SIGNED		
II. MEDICARE:			
Type of Medicare issue:			
Attach copy of:			
SOCIAL SECURITY CARD	MEDICARE CARD		
CORRESPONDENCE / NOTICES	PHOTO ID		

III. PASSPORTS:

Type of issue with Passport Agency:

Reason(s) for expedited process:

Attach copy of:

PASSPORT AUTHORIZATION FORM DS 5505

CONSENT FORM FROM PARENTS (FOR MINOR)

VALID PHOTO ID

RECEIPT FOR PASSPORT APPLICATION/ROUTE NO.

TRAVEL ITINERARY

IV. SOCIAL SECURITY ADMINISTRATION:

Social Security No.:

Attach copy of social security card

Type of Social Security issue:

Card replacement:

Other:

Expedite and reason for expedited process:

(Attach copy of Physicians Diagnostic and Prognostic)

Status inquiry for disability claim:

Type of claim filed:

SOCIAL SECURITY * ATTORNEY INFORMATION

Name:

Address:

Phone:

Claims process**Date filed****Pending****Approved****Denied**

Initial claim

Reconsideration

ALJ hearing

Appeals council

Attach copies of: ALL SUPPORTING DOCUMENTS EXCEPT MEDICAL RECORDS**V. VETERANS**

Type of Veterans Affairs Department issue:

Reason for expedited process:

*(Attach copy of Physicians Diagnostic and Prognostic)***Attach copy of:**

SOCIAL SECURITY CARD

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.

