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



WASHINGTON OFFICE: 2052 RAYBURN HOUSE OFFICE BUILDING WASHINGTON, DC 20515 (202) 225-3376

DISTRICT OFFICE:

4144 NORTH ARMENIA AVENUE SUITE 300 TAMPA, FL 33607 (813) 871–2817

www.castor.house.gov

Congress of the United States House of Representatives

Washington, **DC** 20515–0914

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. C	Other I	Name:				
ADDRESSES							
Phys	Physical: City:		State:	Zip Code:			
Mail	Mailing: City:		State:	Zip Code:			
PHONE NUMBERS							
Home:		Cell:	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						

L	II.PASSPO	RTS:					
Туре	of issue with	Passport Agency:					
Reaso	on(s) for expe	edited process:					
			Attach co	py of:			
	PASSPORT	AUTHORIZATION H	FORM DS 5505	RM DS 5505CONSENT FORM FE PARENTS (FOR MIN			
	VALID PHO	DTO ID		RECEIPT FOR PASSPORT APPLICATION/ROUTE NO.			
I	V. SOCIAL	SECURITY ADMIN	ISTRATION:				
Socia	l Security No	o.:	Attach copy oj	^f social secur	rity card		
Туре	of Social Sec	curity issue:					
Card	replacement:		Other:				
Expedite and reason for expedited process:			(Attach copy	(Attach copy of Physicians Diasnostic and Prognostic)			
Statu	s inquiry for	disability claim:	Type of claim	filed:			
	SOCIAL SECURITY * ATTORNEY INFORMATION						
Name	2:		Address:	Idress: Phone:			
Clair	ms process	Date filed	Pend	ing	Approved		Denied
Init	tial claim						
Reco	nsideration						
AL	J hearing						
Appe	eals council						
	Attach	copies of: ALL SUPH	PORTING DOCU	MENTS <u>EX</u>	<u>CEPT</u> MEDICAL F	RECOR	DS
V. VETERANS							
Type issue:		Affairs Department		Reason for expedited process: (Attach copy of Physicians Diasnostic and Prognostic)			
Attach copy of:							
SOCIAL SECURITY CARD		DRIVER'S LICENSE	ICENSE DISCHARGE CERTIFICATE, DD-214				
		CORRESPON	NDENCES, ETC.	<mark>EXCEPT M</mark>	EDICAL RECORD	<mark>S</mark>	
V	I. MISCEL	LANEOUS ISSUES	WITH OTHER	FEDERAL	AGENCIES		
Туре	of issue with	other federal agency:	Attach copy o	Attach copy of CORRESPONDENCES, NOTICES, ETC.			
	PHOTO ID		Misc.	Misc.			

Additional space is provided at the end of this form.					

, CONSTITUENT 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. I the undersigned, certify, under penalty of perjury, that 1) I provided or authorized all of the information in this privacy release and any document submitted with it; 2) I reviewed and understand all of the information contained in my privacy release and submitted with it; and 3) all of this information is complete, true, and correct.

Signature/Firma (E-Signatures Not Accepted):	For the attention of:

-2864

Please return form by Email:	<mark>Or by Fa</mark>
casework.fl14@mail.house.gov	(813) 871

Ι

Please continue detailed explanation of your case and request to the agency here. Please make an additional copy of this page if more space is needed.
