



**Privacy Authorization Form  
Congressman Adam H. Putnam**

Date: \_\_\_\_\_

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

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

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

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

E-Mail Address: \_\_\_\_\_

Check if you are interested in receiving periodic e-mail updates from Congressman Putnam.

Social Security #: \_\_\_\_\_ VA File #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Service #: \_\_\_\_\_

Dates of Service: \_\_\_\_\_ Branch of Service: \_\_\_\_\_

Are you working with a County Veterans Office or other Veterans Organization? If so, please list: \_\_\_\_\_

*I authorize Congressman Adam H. Putnam and his staff to contact appropriate agencies on my behalf. This is to comply with the Privacy Act of 1974, which provides that as of September 27, 1975, disclosures of information of a personal or confidential nature will no longer be permitted to third parties without the written consent of the individual involved.*

\_\_\_\_\_  
Signature

**Please Return To:**

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Phone: 863/534-3530  
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**Please explain your problem on the back of this form.**

