

BILL NELSON
FLORIDA

United States Senate
Washington, DC 20510-0905



Consent For Release Of Information
HAITI EARTHQUAKE ASSISTANCE ONLY

The Privacy Act of 1974 requires that written consent be obtained from the constituent before information can be disclosed from a government agency's record. So that I can legally act on your behalf, please complete and sign the following statement and return it to me. ***This form is available to the public free of charge.***

Please note, if you are inquiring on behalf of someone, that person must sign the release.

Today's Date _____ Social Security Number _____

Mr. Mrs. Ms. Dr. _____
First Middle Last

Mailing Address _____

Home Phone _____ Cell Phone _____ Work Phone _____
Date of Birth _____ E-mail Address _____

I hereby authorize Senator Nelson or his representative to make inquiries into my personal records and or files, and to obtain information about me pertaining to my request for assistance.

Signature _____ For The Attention Of _____

Please return form to:

By Mail:

Office of Senator Bill Nelson
225 East Robinson Street, Suite 410
Orlando, Florida 32801

By Fax:

Fax: (407) 872-7165

Questions:

Telephone: (407) 872-7161
Toll-Free in Florida Only:
(888) 671-4091

FOR OFFICE USE ONLY

IT: Yes No IT # _____ *(Caseworker Only)* Cross Reference Name _____

Referral: FTL FTM JAX MIA ORL TAL TPA WPB BN GN PM BS

Web Tracking # _____

Please provide the following information.

	Additional Family Members	Relationship	Case or Receipt #	Passport
1	<input type="radio"/> Male <input type="radio"/> Female			<input type="radio"/> Haitian <input type="radio"/> US <input type="radio"/> None
2	<input type="radio"/> Male <input type="radio"/> Female			<input type="radio"/> Haitian <input type="radio"/> US <input type="radio"/> None
3	<input type="radio"/> Male <input type="radio"/> Female			<input type="radio"/> Haitian <input type="radio"/> US <input type="radio"/> None
4	<input type="radio"/> Male <input type="radio"/> Female			<input type="radio"/> Haitian <input type="radio"/> US <input type="radio"/> None
5	<input type="radio"/> Male <input type="radio"/> Female			<input type="radio"/> Haitian <input type="radio"/> US <input type="radio"/> None
6	<input type="radio"/> Male <input type="radio"/> Female			<input type="radio"/> Haitian <input type="radio"/> US <input type="radio"/> None
7	<input type="radio"/> Male <input type="radio"/> Female			<input type="radio"/> Haitian <input type="radio"/> US <input type="radio"/> None
8	<input type="radio"/> Male <input type="radio"/> Female			<input type="radio"/> Haitian <input type="radio"/> US <input type="radio"/> None

Please briefly describe your problem.