

KATHY CASTOR
11TH DISTRICT, FLORIDA

COMMITTEE ON
ENERGY AND COMMERCE

SUBCOMMITTEE ON HEALTH

SUBCOMMITTEE ON COMMERCE, TRADE, AND
CONSUMER PROTECTION

SUBCOMMITTEE ON COMMUNICATIONS,
TECHNOLOGY, AND THE INTERNET

COMMITTEE ON
STANDARDS OF OFFICIAL CONDUCT

DEMOCRATIC STEERING AND
POLICY COMMITTEE

REGIONAL WHIP



Congress of the United States

House of Representatives

Washington, DC 20515-0911

AUTHORIZATION SHEET

WASHINGTON OFFICE:

317 CANNON 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

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. So that the Congresswoman Kathy Castor, or her representative, can 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.

Today's Date _____ Social Security Number _____

Name Mr. Mrs. Ms. Dr. _____

Address _____

Home Phone _____ Cell Phone _____ Work Phone _____

Date of Birth _____ Place of Birth _____

Email Address _____

Please complete the sections that apply to your case.

Military of Veterans Issues

Military ID/VA ID/Other ID Number _____ Sponsor's ID/SSN _____

Rank / Unit _____ Duty Station _____

Immigration Issues

Receipt Number _____ Alien Registration Number _____

Type of Application Filed _____

Passport: Number _____ Date _____ Expiration _____

Certificate of Naturalization No: _____ Date of Issuance _____

PLEASE COMPLETE PAGE 2 OF THIS FORM

Social Security Administration

Type of file claimed _____

Attorney: Name _____ Address _____ Phone _____

Initial Claim Date Filed _____ Pending Approved Denied

Reconsideration Date Filed _____ Pending Approved Denied

ALJ Hearing Date Filed _____ Pending Approved Denied

Appeals Council Date Filed _____ Pending Approved Denied

Case Details

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

I hereby authorize Congresswoman Kathy Castor or her representatives 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 Congresswoman Kathy Castor
4144 North Armenia Avenue, Suite 300
Tampa, Florida 33607

By Fax:
(813) 871-2864

Questions:
(813) 871-2817