



# Congressman Alan Grayson

## Florida - 8th Congressional District

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Phone: 407.841.1757 - Fax: 407.841.1754

### Congressional Inquiry Form

**PLEASE NOTE:** The Privacy Act of 1974 (Public Law 93-579) puts restraints upon federal agencies and prevents our office from making an inquiry on your behalf without your specific written permission. If this issue relates to a TRICARE matter, an additional authorization form is required.

*If you are inquiring on behalf of someone else, that person must sign this release form.*

Full Name: Mr./Mrs./Ms. \_\_\_\_\_  
Residential Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

**General Assistance and Foreclosure: Please Provide All Applicable Details:**

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Loan / Account Number \_\_\_\_\_  
Other: \_\_\_\_\_

**VA: Please Provide All Applicable Details:**

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
VA Claim Number: \_\_\_\_\_ Military Branch, Rank & Unit: \_\_\_\_\_

**USCIS: Please Provide All Applicable Details:**

Alien Number: \_\_\_\_\_ Immigration Case Number: \_\_\_\_\_  
Petitioner Name: \_\_\_\_\_ Beneficiary Name: \_\_\_\_\_  
Passport Locator Number: \_\_\_\_\_ OWCP Number: \_\_\_\_\_

Check here if you would like to receive Congressman Grayson's e-newsletter

I authorize Congressman Grayson or his staff to contact any applicable private or federal agencies regarding this inquiry on my behalf. I also authorize that agency to transmit any information on record available regarding this inquiry to Congressman Grayson or his staff.

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

