

ALLEN BOYD
SECOND DISTRICT, FLORIDA

COMMITTEE:
APPROPRIATIONS

SUBCOMMITTEES:
AGRICULTURE AND RELATED AGENCIES

DEFENSE

FINANCIAL SERVICES
AND GENERAL GOVERNMENT

COMMITTEE:
BUDGET

Congress of the United States
House of Representatives
Washington, DC 20515

WASHINGTON OFFICE:
1227 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-5235

DISTRICT OFFICES:
LAKESIDE BUILDING, SUITE 103
1650 SUMMIT LAKE DRIVE
TALLAHASSEE, FL 32317
(850) 561-3979

30 WEST GOVERNMENT STREET, ROOM 203
PANAMA CITY, FL 32401
(850) 785-0812

THE PRIVACY ACT OF 1974 REQUIRES THAT WRITTEN CONSENT BE OBTAINED FROM THE CONSTITUENT BEFORE INFORMATION CAN BE DISCLOSED FROM THE RECORDS OF A GOVERNMENT AGENCY. SO THAT I MAY ACT ON YOUR BEHALF, I WOULD APPRECIATE YOUR COMPLETING THIS FORM AND RETURNING IT TO MY OFFICE. (If you are inquiring on behalf of someone else, it is necessary for THAT PERSON to sign this release.)

PLEASE PRINT

NAME _____

MAILING ADDRESS _____
POST OFFICE BOX OR STREET ADDRESS CITY ZIPCODE

PHONE _____
HOME WORK CELL

EMAIL ADDRESS _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

MILITARY SERVICE _____ FROM: _____ TO: _____
BRANCH SERVICE NUMBER DATES OF SERVICE

VA CLAIM NUMBER _____

ALIEN NUMBER _____ RECEIPT NUMBER _____

ACTION REQUESTED (ATTACH A LETTER OR ADDITIONAL PAPER IF NECESSARY):

YOUR SIGNATURE IS REQUIRED FOR YOUR CASE TO BE PROCESSED

I HEREBY REQUEST THE ASSISTANCE OF THE OFFICE OF CONGRESSMAN ALLEN BOYD TO RESOLVE THE MATTER DESCRIBED ABOVE. I AUTHORIZE CONGRESSMAN BOYD AND HIS STAFF TO RECEIVE PERSONAL, MEDICAL AND DENTAL INFORMATION PERTAINING TO MY REQUEST FOR ASSISTANCE.

SIGNATURE _____ DATE _____

I ALSO AUTHORIZE CONGRESSMAN BOYD TO RELEASE MY INFORMATION TO THE FOLLOWING INDIVIDUAL(S):

NAME _____ RELATIONSHIP _____

IF YOU HAVE A CURRENT CLAIM WITH SOCIAL SECURITY, PLEASE CHECK WHERE YOUR CLAIM IS NOW:
 INITIAL RECONSIDERATION HEARING BEFORE JUDGE APPEALS COUNCIL

RETURN TO: CONGRESSMAN ALLEN BOYD, 1650 SUMMIT LAKE DRIVE, SUITE 103, TALLAHASSEE, FL 32317
OFFICE: 850-561-3979 FAX: 850-681-2902