

ALCEE L. HASTINGS
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FLORIDA

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ON INTELLIGENCE

FLORIDA DELEGATION
VICE CHAIRMAN

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SENIOR DEMOCRATIC WHIP



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House of Representatives
Washington, DC 20515-0923

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PRIVACY FORM

In compliance with the **Freedom of Information and Privacy Acts**, I hereby authorize **Congressman Alcee L. Hastings** to obtain information concerning me in your agency or department files.

Name: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Phone (Home): _____ Phone (Work): _____

Social Security Number: _____ Veterans Number: _____

Are you a Citizen? _____ If not, Alien Number: _____

Date of Birth: _____ Country of Birth: _____

Please state the problem:

Signature: _____ Date: _____