Congress of the United States House of Representatives Washington DC 20515

Congresswoman Sandy Adams 24th District, Florida

PRIVACY ACT CONSENT FORM

The Privacy Act of 1974, Title 5, U.S. Code Section 552a, provides that as of September 27, 1975, disclosure of information of a personal or confidential nature of an individual will no longer be released to third parties without written consent of the individual concerned. Therefore, I hereby grant Representative Sandy Adams my written permission to intercede on my behalf. I also duly authorize that any information which is contained in my records and necessary to provide a substantive response may be disclosed to Representative Sandy Adams.

	DATE:	<u></u>
Name:	Phone: (home)	(work)
Address:		
City, State, Zip:	E	Email:
Social Security Number:	Date of Birth:	
Veteran's C#	If Applicable, Alien #	Country of Birth
I authorize the office of Congres	sswoman Sandy Adams to make inquirie	es on my behalf pertaining to the following
matter(s).		
Signature:	Date:	
Please indicate the agency w	vith which you need assistance:	
(Please explain the problem or information in the problem of the p	ormation desired. To ensure a timely respon	nse, please be brief. Additional documentation
If you would like this office to spea designate this person and sign below	ak with your spouse, parent, guardian, or oth w.	er family member about your case, please
Designated Person		Relationship
Signature of Person requesting assi	stance	

PLEASE RETURN THIS SIGNED FORM AND ALL SUPPORTING MATERIAL TO:

Rep. Sandy Adams 2461 W STATE ROAD 426 Suite 1041 Oviedo FL, 32765 Phone: 407-977-7601

Phone: 407-977-760 Fax: 407-977-7602