



Congressman Dennis A. Ross
12th Congressional District

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Privacy Authorization Form

**Please fill out and return this form to the address shown above,
along with any supporting documentation.**

Please Print:

Name

(Mr. _____ Mrs. _____ Ms. _____)

Address

(Street)

(City, State, Zip)

Telephone

(Home) (Business or Cell)

SS# _____ **Date of Birth** _____

Email

☐ Check if you are interested in receiving periodic email updates from Congressman Ross.

Identification Number _____

(Such as CSA#, Alien Registration Number, etc. if applicable)

***In accordance with the Privacy Act of 1974 (5 U.S.C. §552a), I give Congressman
Dennis A. Ross, and his Staff written authorization to contact Agencies on my
behalf in order to obtain confidential information that would otherwise not
be permitted to a third party without written consent of the individual involved.***

Signature: _____ **Date:** _____

Please explain what you are seeking assistance with on the back of this form.

