## ALCEE L. HASTINGS 20TH CONGRESSIONAL DISTRICT FLORIDA

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## Congress of the United States House of Representatives Washington, DC 20515-0923

## PLEASE RESPOND TO:

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## PRIVACY RELEASE FORM

Pursuant to the Privacy Act of 1974 (5 U.S.C. § 552a), I hereby authorize appropriate governmental agencies to release information about me and relevant to this inquiry to Congressman Alcee L. Hastings.

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		_ State Zip Code	
Phone Num	bers: Home:		
	Work:	-	
	Cell:		
a		tional sheets if necessary)	
Email Address:		Social Security Number:	
Date of Birth:			
Email Address: Date of Birth: Are you a Veteran? Are you a Citizen?	Yes / No	Country of Birth:	
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