

Congressman Daniel Webster

Serving Florida's 11th Congressional District



Privacy Act Release Form

*Please provide your mailing address. If either your physical or mailing address is located outside Florida's 11th Congressional District, please explain in a statement below. **Please Print Clearly***

Mr./Mrs./Ms. Full Name: _____ **Nickname:** _____

Address of Residence: _____

City/State/Zip: _____ **County:** _____

Phone #: Home () _____ **Work** () _____ **Other** () _____

Email Address: _____ Please check here to receive email updates from Congressman Webster

Please send completed forms to: Congressman Daniel Webster

800 North US Highway 27
Minneola, FL 34715

Due to the provisions of the Privacy Act of 1974 (Title 5, Section 552A of the United States Code) permission in writing is required before making an inquiry on your behalf. Completing and signing this form authorizes Congressman Daniel Webster and his staff to make inquiries to the appropriate officials on your behalf and to release information to him or his staff.

To begin your inquiry, provide all pertinent information:

Federal Agency Involved: _____ Social Security Number: _____

Date of Birth: _____ Military ID# _____

Veteran's Claim # _____ Military Branch, Rank, Unit: _____

Alien #: A _____ CIS/DOS Receipt #: _____

Immigration - Petitioner's Name: _____

Beneficiary's Name: _____

Other Numbers Identifying your claim: _____

Please briefly describe your situation and the action or result of the information desired. Use the back of this sheet, or attach a separate page, if necessary. Be sure to provide any necessary documentation.

Signature: _____ **Date:** _____