



UNITED STATES CONGRESSWOMAN  
**KAT CAMMACK**  
 FLORIDA'S 3RD CONGRESSIONAL DISTRICT

Florida Congressional District 3

Authorization in Accordance with the Privacy Act of 1974, Title 5, U.S. Code Section 552a,

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Mr./Mrs./Ms. First/Last Jr./Sr./III MM DD YYYY

Home Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ Cell Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ Best Time to Call: \_\_\_\_\_

Email Address: \_\_\_\_\_ Preferred Method of Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_-\_\_\_\_

I am seeking assistance with \_\_\_\_\_ (VA, Social Security, Immigration, etc.)  
AGENCY

The problem I am having is:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The resolution I am seeking is: \_\_\_\_\_  
 \_\_\_\_\_

Have you contacted any other elected officials regarding this case? Y / N: Who? \_\_\_\_\_

Do you have an attorney/service officer? Y / N Name: \_\_\_\_\_ Phone: \_\_\_\_\_

SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_ Case #/Alien Number/VA Number:: \_\_\_\_\_  
(Please provide the appropriate identification number pertaining to the assistance which you are seeking)

Please attach *copies* of any supporting documentation.  
Documents provided will be destroyed upon completion and not returned.

**Please list the name and information for any person to whom we can disclose information in the event that we cannot reach you directly**

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Relationship: \_\_\_\_\_ (Used to Verify)  
 Phone: \_\_\_\_\_ Address: \_\_\_\_\_

*Note:* The Privacy Act requires the completion of this form for Congresswoman Cammack and her staff to receive information on behalf of her constituents. I hereby authorize Congresswoman Cammack and her staff to receive information on my behalf and/or to discuss my records with the agency involved.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Orange Park District Office 35 Knight Boxx Rd, Suite 1 Orange Park, FL 32065 P: 904-276-9626 F: 904-276-9336	Gainesville District Office 5550 NW 111 <sup>th</sup> Boulevard, Suite A Gainesville, FL 32653 P: 352-505-0838 F: 904-276-9336
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