

ALCEE L. HASTINGS
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**Congress of the United States
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Washington, DC 20515-0923**

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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.

Name: Mr./Ms./Mrs./Miss/Dr. _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Contact: Home: _____

Work: _____

Cell: _____

Email: _____

Please state the problem: (attach additional sheets if necessary)

Date of Birth: _____

Country of Birth: _____

Social Security Number: _____

Are you a Veteran? Yes / No **If Yes, Veterans Number:** _____

Are you a Citizen? Yes / No **If No, Alien Number:** _____

I hereby authorize the office of Congressman Alcee L. Hastings to make inquiries on my behalf:

Signature: _____ **Date:** _____

