

ALCEE L. HASTINGS  
20TH CONGRESSIONAL DISTRICT  
FLORIDA

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FLORIDA DELEGATION  
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SENIOR DEMOCRATIC WHIP



**Congress of the United States**  
**House of Representatives**  
**Washington, DC 20515-0920**

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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:** \_\_\_\_\_