

ALCEE L. HASTINGS

20TH CONGRESSIONAL DISTRICT  
FLORIDA

COMMITTEE ON RULES

UNITED STATES  
HELSINKI COMMISSION  
RANKING DEMOCRATIC MEMBER

FLORIDA DELEGATION  
CO-CHAIRMAN

SENIOR DEMOCRATIC WHIP



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

PLEASE RESPOND TO:

2353 RAYBURN BUILDING  
WASHINGTON, DC 20515-0923  
TELEPHONE: (202) 225-1313  
FAX: (202) 225-1171

2701 W. OAKLAND PARK BOULEVARD  
SUITE 200  
FT. LAUDERDALE, FL 33311  
TELEPHONE: (954) 733-2800  
FAX: (954) 735-9444

[www.alceehastings.house.gov](http://www.alceehastings.house.gov)

**PRIVACY ACT FORM**

*In compliance with the Freedom of Information and Privacy Acts, I hereby authorize Congressman Alcee L. Hastings to obtain information concerning me in your agency or department files.*

Name: \_\_\_\_\_

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

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

Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Veterans Number: \_\_\_\_\_

Are you a Citizen? \_\_\_\_\_ If not, Alien Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

***Please return this completed form to the Broward County Office via fax or mail:***

**Broward County Office**

2701 W. Oakland Park Blvd.  
Suite 200  
Fort Lauderdale, FL 33311  
Tel: (954) 733-2800  
Fax: (954) 735-9444