Office of U.S. Representative Daniel Webster

Serving Florida's 11th Congressional District

Privacy Act Release Form

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

Please Print Clearly. All Fields Required.

Mr./Mrs./Ms. Full Name:_____ Date of Birth: _____

Address of Residence: _____

City/State: _____ Zip: _____

Phone #: _____ Social Security Number: _____

Email Address: _____ Federal Agency Involved: _____

Please provide all pertinent information regarding your inquiry:

Veteran's Claim # _____ Alien #: A _____
Military ID # _____ DOS Receipt #: _____
USCIS – Petitioner: _____ Beneficiary: _____

Other Numbers Identifying your claim: _____

Please list any other congressional office assisting with this inquiry: _____

Briefly state your situation and the action or result of the information desired. Use the back of this sheet, or attach a separate page, if necessary. Please also provide any necessary documentation for this inquiry.

_____
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_____

By signing below, I certify that all information is true and accurate to the best of my knowledge.

Signature: _____ Date: _____

Please send completed forms to:

Congressman Daniel Webster
800 North US Highway 27
Minneola, FL 34715
Fax: 352-241-9181