



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 make an inquiry on your behalf. Completing and signing this form authorizes Congressman Daniel Webster and his staff to make inquiries 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 # _____ Military Branch, Rank, Unit: _____

Alien #: A _____ USCIS Receipt # _____

USCIS – Place of Birth: _____ 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.

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
1200 Oakley Seaver Drive, Suite 203
Clermont, FL 34711
Fax: 352-241-9220