



RICHARD NUGENT

REPRESENTING THE 11TH DISTRICT OF FLORIDA

Privacy Authorization Form Congressman Rich Nugent

Date: _____

Name: _____

Street Address: _____

City: _____ State: _____

Home Phone: _____

Work Phone: _____ Cell Phone: _____

E-Mail Address: _____

Social Security #: _____ Medicare #: _____

Date of Birth: _____

I authorize Congressman Rich Nugent and his staff to contact appropriate agencies on my behalf. This is to comply with the Privacy Act of 1974, which provides that as of September 27, 1975, disclosures of information of a personal or confidential nature will no longer be permitted to third parties without the written consent of the individual involved.

Signature

Please Return To:

Member of Congress Rich Nugent

11035 Spring Hill Drive.

Spring Hill, FL 34608

Main line - 352-684-4446

Fax line - 352-684-4484

<http://nugent.house.gov>

PLEASE EXPLAIN YOUR PROBLEM ON THE BACK OF THIS FORM

