KATHY CASTOR 14TH DISTRICT, FLORIDA

COMMITTEE ON
ENERGY AND COMMERCE
VICE RANKING MEMBER
SUBCOMMITTEE ON HEALTH
SUBCOMMITTEE ON
ENERGY AND POWER
SUBCOMMITTEE ON

OVERSIGHT AND INVESTIGATIONS



Congress of the United States

House of Representatives Washington, DC 20515—0914 WASHINGTON OFFICE:

2052 RAYBURN HOUSE OFFICE BUILDING WASHINGTON, DC 20515 (202) 225-3376

DISTRICT OFFICE:

4144 NORTH ARMENIA AVENUE SUITE 300 TAMPA, FL 33607 (813) 871–2817

www.castor.house.gov

PRIVACY RELEASE FORM ***FOR ALL FEDERAL AGENCIES EXCLUDING IMMIGRATION***

The Privacy Act of 1974 states that disclosures of a personal or confidential nature will no longer be permitted to third parties without the express written consent of the individual. In order for U.S. Representative Kathy Castor (or her staff) to act on your behalf, please complete and sign the following statement.

Please Note: If you are inquiring on behalf of someone, that person must sign the release.

Date		Mr.	Mrs.	Ms.	Other:		Name:				
ADDRESSES											
Physical:				City:	City:				e:	Zip Code:	
Mailing:				City:				State:		Zip Code:	
PHONE NUMBERS											
Home: Co			Ce	ell:			Work:				
Email:											
COMPLETE SECTIONS THAT APPLY TO YOUR CASE											
I. INTERNAL REVENUE SERVICES (IRS):											
IRS Refunds:			ID Theft:					Other:			
Attach copy of:											
	PHOTO				ID THEFT AFFIDAVIT						
	ID THEFT POL	ICE REI	PORT	T INCOME TAX RETURN WITH SECOND PAGE SIGNED							
II. MEDICARE:											
Type of Medicare issue:											
Attach copy of:											
	SOCIAL SECURITY CARD				MEDICARE CARD						
	CORRESPONDENCE / NOTICES			ES	PHOTO ID						

1	II.PASSPORT	rs:									
Туре	of issue with Pa	assport Age	ency:								
Reas	on(s) for expedi	ted process	:								
					Attach	сору	of:				
	PASSPORT AUTHORIZATION FO				RM DS CONSENT FORM FI MINOR)				ROM PARENTS (FOR		
				CEIPT FOR PASSPORT LICATION/ROUTE NO				TRAVEL ITI	NERARY		
1	V. SOCIAL SE	ECURITY	ADMI	INIS	TRATIO	N:					
Socia	al Security No.:				Attach co	opy of	social	security card			
Туре	of Social Secur	ity issue:									
Card	replacement:				Other:						
Expedite and reason for expedited process:					Attach copy of legal proceedings or Physicians Diasnostic and prognostic						
Status inquiry for disability claim: T						Type of claim filed:					
ATTORNEY INFORMATION											
Name: Address:					Phone:						
Cla	aims process	Date	Date filed			nding		Approved	De	nied	
Initial claim											
Reconsideration											
ALJ hearing											
Appeals council											
Attach copies of: ALL SUPPORTING DOCUMENTS EXCEPT MEDICAL RECORDS											
1	V. VETERANS	S									
Type of Veterans Affairs Department issue:					Reason for expedited process: (Attach copy of legal proceedings or Physicians Diasnostic and prognostic)						
Attach copy of:											
			VER'S ENSE DISCHARO			DISCHARGE (GE CERTIFICATE, DD-214				
CORRESPONDENCES, ETC. EXCEPT MEDICAL RECORDS											
VI. MISCELLANEOUS ISSUES WITH OTHER FEDERAL AGENCIES											
Type of issue with other federal agency:					Attach copy of CORRESPONDENCES, NOTICES, ETC.						
PHOTO ID				Misc.							

Please include a detailed explanation of your case and include any relevant documents.						
		·				
I	<u> </u>	hereby authorize U.S. Representative Kathy Castor or her				
staff to work on my behalf and make inquiries into my personal records and/or files and obtain information about me pertaining to my request for assistance with any federal agency relevant to the matter described above, to receive and						
review any information contained in my regarding this matter.	file and, if necessar	ry, to forward any pertinent correspondence sent by me				
Signature/Firma:		For the attention of:				
I	DENIEFICIADA	V househor and having U.S. Dannessandading Wadher Contagnon han				
	L *	hereby authorize U.S. Representative Kathy Castor or her				
staff to work on my behalf and make inquiries into my personal records and/or files and obtain information about me pertaining to my request for assistance with any federal agency relevant to the matter described above, to receive and review any information contained in my file and, if necessary, to forward any pertinent correspondence sent by me regarding this matter.						
Signature/Firma:		For the attention of:				

Please return form by mail:

Or by fax:

Questions:

Office of U.S. Representative Kathy Castor 4144 North Armenia Avenue, Suite 300 Tampa, Florida 33607 (813) 871-2864

(813) 871-2817