



Privacy Act Form for Florida Congressional District 3
Authorization in Accordance with the Privacy Act of 1974, Title 5, U.S. Code Section 552a.

Name: _____ Date of Birth: ____/____/____
Mr./Mrs./Ms. First/Last Jr./Sr./III MM DD YYYY

Home Phone: ____-____-____ Cell Phone: ____-____-____ Best Time to Call: _____

Email Address: _____ Preferred Method of Contact: _____

Address: _____

City: _____ State: _____ Zip Code: _____-____

I am seeking assistance with _____ (VA, Social Security, Immigration, etc.)
FEDERAL AGENCY

The problem I am having is:

The resolution I am seeking is: _____

Have you contacted any other elected officials regarding this case? Y / N: Who? _____

Do you have an attorney/service officer? Y / N Name: _____ Phone: _____

SSN: ____-____-____ Case #/Alien Number/VA Number: _____
(Please provide the appropriate identification number pertaining to the assistance which you are seeking)

Please attach ***copies*** of any supporting documentation.
Documents provided will be destroyed upon completion and not returned.

**Please list the name and information for any person to whom we can disclose information
in the event that we cannot reach you directly.**

Name: _____ DOB: ____/____/____ Relationship: _____
Phone: _____ Email: _____
Address: _____

Note: The Privacy Act requires the completion of this form for Congresswoman Cammack and her staff to receive information on behalf of her constituents. I hereby authorize Congresswoman Cammack and her staff to receive information on my behalf and/or to discuss my records with the agency involved.

Signature: _____ Date: _____

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