

THE FLORIDA SENATE



Mailing Address

404 South Monroe Street
Tallahassee, Florida 32399-1100
(850) 487-5237

Senate's Website: www.flsenate.gov

CONSENT FOR RELEASE OF INFORMATION

The Privacy Act of 1974 requires that written consent be obtained from you before information can be disclosed from a government agency's record. So that I may legally act on your behalf, please complete and sign the following statement and return it to me. This form is available to the public free of charge.

Please note: this document is a public record pursuant to Article 1, section 24 of the Florida Constitution and section 11.0431, Florida Statutes, and may be disclosed to the public upon request. Certain information, like your social security number and other personally identifiable information, is confidential and not subject to public inspection.

Today's date: ____/____/____ Social Security Number: _____

Name: _____/_____/_____

Mailing
Address: _____

Home Phone: (____)_____ Cell: (____)_____ Work: (____)_____

DOB: _____ Email Address: _____

I hereby authorize Senator _____ or his/her representative to make inquiries into my personal records and/or files, and to obtain information about me pertaining to my request for assistance.

Signature: _____ For the Attention of: _____

REPLY TO:

☐ 8910 Astronaut Blvd, Cape Canaveral, FL 32920 (321) 868-2132 fax (888) 263-3815
☐ 314 Senate Office Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5016
☐ Email: altman.thad.web@flsenate.gov
Senate's Website: www.flsenate.gov

Please complete the remaining sections of this form that apply to you.

Military or Veteran's Issues

Military ID/VA ID/Other ID Number: _____

Sponsor's ID/Social Security Number: _____

Rank/Unit: _____ Duty Station: _____

Immigration Issues:

Receipt Number: _____ Alien Registration Number: _____

Date of Birth: _____ Place of Birth: _____

Type of Application Filed: _____

Social Security Administration Issues:

Type of File Claimed: _____

Initial Claim Date: _____ Pending, Approved, or Denied: _____

Reconsideration Date: _____ Pending, Approved, or Denied: _____

ALJ Hearing Date: _____ Pending, Approved, or Denied: _____

Appeals Council Date: _____ Pending, Approved, or Denied: _____

General Details:

Please briefly explain your problem. Include any additional relevant correspondence that you have initiated or received concerning your problem, and how you would like the Senator to assist you.

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