



**Privacy Authorization Form  
Congressman Adam H. Putnam**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Check if you are interested in receiving periodic e-mail updates from Congressman Putnam.

Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Other: \_\_\_\_\_

*I authorize Congressman Adam H. Putnam 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:**

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Bartow, Florida 33830  
Toll Free: 866/534-3530  
Phone: 863/534-3530  
Fax: 863/534-3559  
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**Please explain your problem on the back of this form.**

