CONGRESSMAN TED DEUTCH
FLORIDA'S 19TH DISTRICT
2500 N. MILITARY TRAIL, SUITE 490
BOCA RATON, FL 33431
PHONE: 561-988-6302 FAX: 561-988-6423

The Privacy Act of 1974 (Public Law 93-579) requires you provide written consent before information can be disclosed from federal agency records. Please sign the following statement so that Congressman Deutch can make an inquiry on your behalf. If you are inquiring on behalf of someone else, that person must sign this release form.

Full Name: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

E-mail Address: _____

Date of Birth: _____ Social Security Number: _____

Relevant Identification Numbers (Veteran Claim #, Alien #, etc.):

_____

□ Check here to receive email updates from Congressman Ted Deutch.

In accordance with the Privacy Act, I hereby authorize Congressman Ted Deutch and his staff to inquire on my behalf. I also authorize that agency to transmit any available records regarding this inquiry to the office of Congressman Deutch.

Signature: _____ Date: _____

Describe the problem you are having below. Feel free to attach relevant documentation.

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