



Office of Congressman Vern Buchanan

PRIVACY RELEASE FORM

Authorization in Accordance with the 1974 Privacy Act.

Name: _____ Date of Birth: _____

Home Phone: (____) _____ Mobile Phone:(____) _____ Other: (____) _____

Email: _____ Address: _____

City: _____ State: _____ Zip: _____

The federal agency I need assistance with: _____ (V.A., Social Security, Immigration...etc.)

The issue I am having is: _____

The resolution I am seeking is: _____

Social Security # / V.A. # / Alien # / Receipt # ... (etc.): _____

(Please provide the appropriate identification number pertaining to the assistance which you are seeking our help)

Note: The Privacy Act requires the completion of this form in order for Congressman Buchanan or his representatives to receive information on behalf of his constituents. I hereby authorize Congressman Buchanan or his representatives to receive information on my behalf and/or to discuss my records with the agency involved or with any third party designated on the reverse side of this document.

I would like to receive e-newsletters and other important information from Congressman Buchanan

Signature: _____ Date: _____

| | | |
|--|---------------------|-------------|
| Have you contacted any other elected official regarding this case? | Yes/No (circle one) | If so, who? |
| <hr/> | | |
| <hr/> | | |
| Please list the name and relationship information for any third person we can disclose information to: | | |
| <hr/> | | |
| Phone Number: (____) _____ | | |

Please return this form to the respective office below:

Sarasota District Office

111 South Orange Ave,
Suite 202W
Sarasota, FL 34236
Phone Number: (941) 951-6643
Fax Number: 941-951-2972

Bradenton District Office

1051 Manatee Ave West,
Suite 305
Bradenton, FL 34205
Phone Number: (941) 747-9081
Fax Number: 941-748-1564