



# Congressman Dennis A. Ross

Florida's 15<sup>th</sup> Congressional District

## Privacy Authorization Form

Please fill out the form below and return it to the  
District Office address below or by Telefacsimile to (863) 648-0749

Congressman Dennis A. Ross  
170 Fitzgerald Road, Suite 1  
Lakeland, FL 33813

Please Print:

Name: \_\_\_\_\_  
(Mr. \_\_\_ Mrs. \_\_\_ Ms. \_\_\_)

Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City, State, Zip)

Telephone \_\_\_\_\_  
(Home) (Cell or Business)

Email Address \_\_\_\_\_

SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Identification Number \_\_\_\_\_  
(Such as CSA#, Alien Registration No, etc., if applicable)

*In accordance with the Privacy Act of 1974 (5 U.S.C. §552a), I give Congressman  
Dennis A. Ross and his Staff, written authorization to contact Agencies on my  
behalf in order to obtain confidential information that would otherwise not  
be permitted to a third party without written consent of the individual involved.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Check if you are interested in receiving periodic email updates from Rep. Ross

**PLEASE EXPLAIN WHAT YOU ARE SEEKING ASSISTANCE WITH ON THE BACK OF THIS FORM**  
**Questions or Assistance Needed? Please contact the District Office at (863) 644-8215**