



**Congressman Dennis A. Ross**

**12<sup>th</sup> Congressional District**

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**Veterans and Military Affairs Privacy Authorization Form**

**Please fill out and return this form to the address shown above,  
along with any supporting documentation.**

**Please Print:**

**Name** \_\_\_\_\_

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

**Address** \_\_\_\_\_

(Street)

\_\_\_\_\_  
(City, State, Zip)

**Telephone** \_\_\_\_\_

(Home)

\_\_\_\_\_  
(Business or Cell)

**SS#** \_\_\_\_\_

**Date of Birth** \_\_\_\_\_

**Service #** \_\_\_\_\_

**VA File #** \_\_\_\_\_

**Branch of Service** \_\_\_\_\_

**Dates of Service** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

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

***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:** \_\_\_\_\_

**Please explain what you are seeking assistance with on the back of this form.**

