



Congressman Dennis A. Ross
Florida's 15th 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 or (813) 752-4790**

