

MATT GAETZ
1ST District, Florida

ARMED SERVICES
COMMITTEE

COMMITTEE ON THE
BUDGET

COMMITTEE ON THE
JUDICIARY

Congress of the United States
House of Representatives
Washington, DC 20515

WASHINGTON OFFICE:
507 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-4136

DISTRICT OFFICES
226 SOUTH PALAFOX PLACE
6TH FLOOR
PENSACOLA, FL 32502
(850) 479-1183

CASEWORK AUTHORIZATION FORM
PLEASE PRINT

Last Name: _____ **First:** _____ **Prefix:** _____

Residential Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Mailing Address
(if different from above): _____

Home Phone: _____ **Cell Phone:** _____ **Work Phone:** _____

Email: _____ **Date of Birth:** _____
Please check here to be added to weekly e-newsletter from Congressman Gaetz **Social Security #:** _____

Federal Agency Involved: _____ **Agency File #:** _____

Action Requested (provide additional documentation as necessary):

.....
Important Note: *The Privacy Act requires that you authorize access to your private records. Without your signature to authorize access, an inquiry on your behalf will not be made. Also, if you would like for us to give information from your file to anyone other than yourself (e.g. spouse, guardian), please authorize this by identifying that individual in the space provided below. Be advised that information you provide to this office will be forwarded to the agency specified above. This form is valid for one (1) year from date of signature. **YOUR CASE CANNOT BE PROCESSED WITHOUT YOUR SIGNATURE BELOW ON THE SIGNATURE LINE.***
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To Whom It May Concern:

I have sought assistance from Congressman Matt Gaetz on a matter that may require the release of information maintained by your agency, and which you may be prohibited from disseminating under the Privacy Act of 1974.

I hereby authorize you to release all relevant portions of my records or to discuss problems involved in this case with Congressman Matt Gaetz or any authorized member of his staff until this matter is resolved.

The information I have provided to Congressman Gaetz is true and accurate to the best of my knowledge and belief. The assistance I have requested from Congressman Gaetz's office is in no way an attempt to evade or violate any federal, state, or local law.

Signature: _____ **Date:** _____

I also authorize Congressman Matt Gaetz to release my information to the following individual(s):

Name: _____ **Relationship:** _____

Return to:
Congressman Matt Gaetz
226 S. Palafox Place, 6th Floor
Pensacola, FL 32502
FAX: (850)479-9394