

MATT GAETZ  
1<sup>ST</sup> District, Florida

ARMED SERVICES  
COMMITTEE

COMMITTEE ON THE  
BUDGET

COMMITTEE ON THE  
JUDICIARY

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

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

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

**HURRICANE CASEWORK AUTHORIZATION FORM**  
**PLEASE PRINT**

*Please circle one*

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ (Mr., Mrs., Ms., Other:)

Residential Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please check here if you have applied for disaster relief through [www.DisasterAssistance.gov](http://www.DisasterAssistance.gov)

Social Security #: \_\_\_\_\_

Disaster Assistance Requested: \_\_\_\_\_

Agency File #: \_\_\_\_\_

Hurricane Assistance 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.**

**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, 6<sup>th</sup> Floor  
Pensacola, FL 32502  
FAX: (850)479-9394