

Darren Soto

Florida's 9<sup>th</sup> District

United States House of Representatives  
Washington, DC 20510



**Consent For Release Of Information**

Your request is very important to us and we're committed to doing our best to resolve your problem. The first thing you need to do is fill out this form and return it quickly to me by fax or mail. This has to be done before I can legally act on your behalf. **THIS IS A FREE SERVICE.** The form not only tells me about your concerns, but also allows government agencies to share your information with us. The **PRIVACY ACT OF 1974** requires that written consent be obtained from a constituent before information can be disclosed from records with a federal agency.

*Please note, if you are inquiring on behalf of someone, that person must sign the release.*

Today's Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mr.  Mrs.  Ms.  Dr. \_\_\_\_\_  
First Middle Last

Street Address: \_\_\_\_\_  
\_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

I certify, under penalty of perjury, that 1) I provided or authorized all the information in this privacy release and any document submitted with it; 2) I reviewed and understand all the information contained in my privacy release and submitted with it; and 3) all this information is complete, true, and correct.

I, \_\_\_\_\_, authorize \_\_\_\_\_ to release  
Print Name Agency

information contained in my records as relevant to checking my case status, and to the extent permitted by law, to Congressman Darren Soto and his staff.

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

Please return to:

Mail: Office of Congressman Darren Soto  
804 Brian St.  
Kissimmee, FL 34741

Fax: (202) 225-9742  
Email: [Valerie.orama@mail.house.gov](mailto:Valerie.orama@mail.house.gov)

**ANY QUESTIONS PLEASE CALL (407) 452-1171**

Please complete the sections that apply to your case.

**GENERAL INFORMATION**

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Case/Complaint Number: \_\_\_\_\_ Date Filed: \_\_\_\_\_

**DOD & VETERANS AFFAIRS**

Branch of Service: \_\_\_\_\_ Military/VA ID: \_\_\_\_\_ Sponsor's ID/SSN: \_\_\_\_\_

Rank/Unit: \_\_\_\_\_ Duty Station: \_\_\_\_\_

**SOCIAL SECURITY ADMINISTRATION**

Social Security Number: \_\_\_\_\_

Claim Filed:  SSD (Social Security Disability)  SSI (Supplemental Security Income)

Initial Claim	Date Filed: _____	<input type="checkbox"/> Pending	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Reconsideration	Date Filed: _____	<input type="checkbox"/> Pending	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
ALJ Hearing	Date Filed: _____	<input type="checkbox"/> Pending	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
Appeals Council	Date Filed: _____	<input type="checkbox"/> Pending	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied

**IMMIGRATION**

Form Number: \_\_\_\_\_ Date Filed: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Filing Place: \_\_\_\_\_

Form Number: \_\_\_\_\_ Date Filed: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Filing Place: \_\_\_\_\_

Form Number: \_\_\_\_\_ Date Filed: \_\_\_\_\_ Receipt Number: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Filing Place: \_\_\_\_\_

**CONCERNS/COMMENTS**

Brief description: \_\_\_\_\_

\_\_\_\_\_

How would you like Congressman Soto to help you: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_