

Darren Soto

Florida's 9th 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: _____

City, Country 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 Bryan Street
Kissimmee, FL 34741

Fax: (202) 225-9742
Email: 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: _____ Rating: _____ Rank/Unit: _____

Duty Station: _____ Enlistment Year: _____ Discharge Year: _____

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: _____
