

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: \_\_\_\_\_

Country of Birth: \_\_\_\_\_  U.S. Naturalized Citizen

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

Address: \_\_\_\_\_  
Street Address City State Zip Code

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

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

Preferred Contact:  E-mail  Home Phone  Cell Phone  Text  US Mail

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: [Soto.casework@mail.house.gov](mailto:Soto.casework@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: \_\_\_\_\_  Pending  Approved  Denied

Reconsideration Date Filed: \_\_\_\_\_  Pending  Approved  Denied

ALJ Hearing Date Filed: \_\_\_\_\_  Pending  Approved  Denied

Appeals Council Date Filed: \_\_\_\_\_  Pending  Approved  Denied

**IMMIGRATION**

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

Beneficiary Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Alien Number: \_\_\_\_\_

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

Beneficiary Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Alien Number: \_\_\_\_\_

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

Beneficiary Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Alien Number: \_\_\_\_\_

**CONCERNS/COMMENTS**

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_