

U.S. Congressman
Rich Nugent



Representing Citrus, Hernando, Lake, Levy,
Marion, Pasco, Polk, and Sumter Counties

**Privacy Authorization Form
Congressman Rich Nugent**

Date: _____

Name: _____

Street Address: _____

City: _____ **State:** _____

Home Phone: _____

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

E-Mail Address: _____

Social Security #: _____ **Medicare #:** _____

Date of Birth: _____

I authorize Congressman Rich Nugent and his staff to contact appropriate agencies on my behalf. This is to comply with the Privacy Act of 1974, which provides that as of September 27, 1975, disclosures of information of a personal or confidential nature will no longer be permitted to third parties without the written consent of the individual involved.

Signature

Please Return To:
Member of Congress Rich Nugent
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Brooksville, FL 34604
Phone: (352) 799-8354 / Fax (352) 799-8776
Toll Free: 866-492-4835
<http://nugent.house.gov>

PLEASE EXPLAIN YOUR PROBLEM ON THE BACK OF THIS FORM

