U.S. Congressman
Rich Nugent

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

Privacy Authorization Form
Congressman Rich Nugent
Social Security Issue

Date: _____

Name: _____

Street Address: _____

City: _____ **State:** _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____ **E-Mail:** _____

Social Security #: _____ **Date of Birth:** _____

Medicare#: _____

Are you working with an Attorney: _____ **Attorney's name:** _____

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
16224 Spring Hill Drive
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

Revised 9/15/11

Please explain your problem:

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Dire Need: Eviction ____ Foreclosure ____ Please attach copy of eviction/foreclosure notice

Status: Initial claim _____ Reconsideration _____ Hearing _____ Appeals Council _____

List your disabilities:

- _____
- _____
- _____
- _____

If you would like this office to speak with your spouse, parent, guardian, or other family member about your case, please designate this person and sign below.

_____ _____

Designated Person **Relationship**

Signature of Person requesting assistance_____