



RICHARD NUGENT

REPRESENTING THE 11TH DISTRICT OF FLORIDA

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
11035 Spring Hill Drive.
Spring Hill, FL 34608
Main line - 352-684-4446
Fax line - 352-684-4484
<http://nugent.house.gov>

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