



# RICHARD NUGENT

REPRESENTING THE 11TH DISTRICT OF FLORIDA

## Privacy Authorization Form - Congressman Rich Nugent Widow/Widower of Veteran

Date: \_\_\_\_\_

Name of Widow/Widower: \_\_\_\_\_

Name of Deceased Veteran: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

SS # of Veteran: \_\_\_\_\_ Date of Birth of Veteran: \_\_\_\_\_

VA File #: \_\_\_\_\_ VA compensation rating: \_\_\_\_\_ %

Dates of Military Service: \_\_\_\_\_ Branch of Service: \_\_\_\_\_

**PLEASE SUBMIT A COPY OF YOUR DISCHARGE PAPERS (DD-214)**

Are you working with a County Veterans Service Office or Veterans Organization?  
If so, what VSO office or Organization and who are you working with?

\_\_\_\_\_  
*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>**

**PLEASE EXPLAIN YOUR PROBLEM ON THE BACK OF THIS FORM**

