

Office of Congressman Ted S. Yoho, DVM

Florida Congressional District 3

Authorization in Accordance with the The Privacy Act of 1974, Title 5, U.S. Code Section 552a,

Name: _____ Date of Birth: ____/____/____
Prefix First/Last Suffix MM DD YYYY

Home Phone: ____ - ____ - ____ Cell Phone: ____ - ____ - ____ Best Time to Call: _____

Email Address: _____ Preferred Method of Contact: _____

Address: _____

City: _____ State: _____ Zip Code: _____ - _____

I am having difficulty with _____ (VA, Social Security, Immigration, etc)
AGENCY

The problem I am having is:

The resolution I am seeking is: _____

Have you contacted any other elected officials regarding this case? Y / N: Who? _____

Do you have an attorney? Y / N Attorney Name: _____ Phone: _____

I hereby give consent to contact my attorney/other elected official (must sign): _____

SSN: ____ - ____ - ____ Case #/Alien Number/VA Number:: _____
(Please provide the appropriate identification number pertaining to the assistance which you are seeking our help)

Please attach copies of any supporting documentation.
Documents provided will be destroyed upon completion and not returned.

Please list the name(s) and information for any person to whom we can disclose information in the
event that we cannot reach you directly

Name: _____ DOB: ____/____/____ Relationship: _____ (Used to Verify)
Phone: _____ Address: _____

Name: _____ DOB: ____/____/____ Relationship: _____ (Used to Verify)
Phone: _____ Address: _____

Note: The Privacy Act requires the completion of this form in order for Congressman Yoho and his staff to receive information
on behalf of his constituents. I hereby authorize Congressman Yoho and his staff to receive information on my behalf and/or to
discuss my records with the agency involved.

Signature: _____ Date: _____

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