



Jacksonville District Office:

101 E. Union Street, Suite 202
Jacksonville, FL 32202
Phone: (904) 354-1652
Fax: (904) 354-2721

Orlando District Office

805 South Kirkman Rd. Suite 202
Orlando, FL 32811
Phone: (407) 290-9031
Fax: (407) 298-9717

PRIVACY ACT CONSENT FORM

If you need assistance with a federal agency, please fill out this form as completely as possible and sign it where indicated. Under the Privacy Act of 1974, disclosure of personal records to a congressional office that is acting in behalf of a constituent is prohibited, unless the individual to whom the record pertains has consented. Please fax or mail this form to the nearest District office.

Name: _____

Phone: (home) _____ (work) _____

Address: _____

City, State, Zip: _____

Email: _____

Social Security Number: _____ Date of Birth: _____

Veteran's C# _____

Please indicate the agency with which you need assistance: _____
(Please explain the problem or information desired. To ensure a timely response, please be brief.
Additional documentation may be requested at a later date.)

I authorize the office of Congresswoman Corrine Brown to make inquiries on my behalf pertaining to the forgoing matter.

Signature: _____ Date: _____