



Office of U.S. Representative Michael Waltz

Privacy Act Consent Form

The PRIVACY ACT OF 1974 requires that written consent be obtained from the constituent before information can be disclosed from records with a federal agency. In order for the Representative Waltz's office to act on your behalf, you must sign the following statement. (If you are inquiring on behalf of another person, it is necessary that they sign the statement.)

- All information must be written in English (Toda la información debe estar escrito en Ingles)

- Required fields are marked by an asterisk (*)

*Title (select one): Mr. Ms. Mrs. Mr. & Mrs. Rev. Doctor Other: _____

*Name: _____
(First Name) (Middle Name) (Last Name) (Suffix)

*Address: _____ Apartment/Unit: _____

*City: _____ *State: _____ *Zip Code: _____ *Cell: _____

*Date of Birth: _____ Email: _____

*Social Security Number: _____ - _____ - _____ *Name of Federal Agency involved: _____
(Required by most agencies)

If you want information regarding your case to a third party, such as a parent or spouse, please list the third party names and their relationship to you her: _____

If you have contacted another congressional office to assist you, please list the office: _____

***COMPLETE THE INFORMATION IN THIS BOX THAT APPLIES TO YOUR CASE**

Claim, Receipt, or File Number: _____ Type of Application/Claim Filed: _____

Office Where Claim/File is located: _____ Alien Number: _____

***REQUIRED: BRIEFLY STATE YOUR PROBLEM AND WHAT OUTCOME YOU ARE SEEKING THIS STATEMENT MUST BE IN ENGLISH. PLEASE DO NOT WRITE "SEE ATTACHED"**

Please remember that a congressional inquiry does not guarantee your desired outcome.

*Signature: _____ *Date: _____

PLEASE RETURN THE COMPLETED FORM BY MAIL, FAX, OR EMAIL:

Address: U.S. Representative Michael Waltz
1000 City Center Circle, 2nd Floor
Port Orange, FL 32129

Email: WaltzConstituentService@mail.house.gov
Telephone: (386) 238-9711
Fax: (386) 238-9714