



Office of U.S. Senator Marco Rubio

Privacy Act Consent Form

In accordance with the provisions of The Privacy Act of 1974 (Public Law 93-579), your written consent is required so that we may contact a federal agency on your behalf. Since e-mails do not contain a valid signature, they do not fulfill the requirements of the law.

- All information must be written in English (Toda la información debe estar en Inglés)
- Required fields are marked by an asterisk (*)
- Please print all information legibly

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

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

*Address: _____ *City: _____ *State: _____

*Zip code: _____ *Phone: _____ Fax: _____ Cell: _____

*Date of Birth: _____ E-mail Address: _____

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

If you want information regarding your case released to a third party, please provide the following information:

Name(s) and relationship: _____ E-mail: _____

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 (IF APPLICABLE)**

Medicare Number (MBI): _____ Type of Application/Claim Filed: _____
(Required for Medicare cases)

Claim, Receipt, or File Number: _____ Office Where Claim/File is located: _____

***REQUIRED:** Briefly state your problem and the outcome you are seeking below. If you need more space, please continue on a separate sheet. This statement must be in English. Please do not simply write "See Attached."
Please remember that a congressional inquiry does not guarantee your desired outcome.

I hereby authorize the office of Senator Marco Rubio to make the appropriate inquiry on my behalf pertaining to my request for assistance. In addition, I authorize the agency to discuss with the office of Senator Marco Rubio any condition, action, and other information associated with ANY past and present application, claim, appeal, and/or case that I have with the agency.

*Signature (sign in ink): _____ *Date: _____

This signature must be from an individual who is 18 years of age or older and is requesting assistance or has a pending case with a federal agency. Third party signatures, including those of immediate family members, are not acceptable. Federal agencies will not release information without the signed consent of the proper individual. Electronic Signatures are not valid.

PLEASE RETURN THE COMPLETED FORM BY MAIL, FAX, OR E-MAIL:

Address: U.S. Senator Marco Rubio Fax: (844) 762-1556 Phone: (407) 254-2573
 201 South Orange Avenue, Suite 350 E-mail: casework@rubio.senate.gov Toll-free: (866) 630-7106
 Orlando, Florida 32801