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CONGRESSIONAL MISSING AND EXPLOITED CHILDREN'S CAUCUS
CONGRESSIONAL DIABETES CAUCUS
OLDER AMERICANS CAUCUS
PROGRESSIVE CAUCUS

**Congress of the United States
House of Representatives
Washington, DC 20515**

CORRINE BROWN
5th DISTRICT, FLORIDA

REPLY TO:

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WASHINGTON, DC 20515
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WASHINGTON OFFICE:

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(904) 354-1652
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455 NORTH GARLAND AVE
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ORLANDO, FLORIDA 32801
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(352) 376-6476

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: _____