

**COMMITTEES:**

VETERANS' AFFAIRS  
RANKING MEMBER

TRANSPORTATION & INFRASTRUCTURE  
RAILROADS, PIPELINES AND HAZARDOUS MATERIALS, RANKING MEMBER  
COAST GUARD AND MARITIME TRANSPORTATION

**MEMBERSHIPS:**

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CONGRESSIONAL CAUCUS FOR WOMEN'S ISSUES  
CONGRESSIONAL HUMAN RIGHTS CAUCUS  
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:**

**WASHINGTON OFFICE:**

2111 RAYBURN HOUSE OFFICE BUILDING  
WASHINGTON, DC 20515  
(202) 225-0123  
FAX: (202) 225-2258

**DISTRICT OFFICES:**

101 EAST UNION STREET  
SUITE 202  
JACKSONVILLE, FLORIDA 32202  
(904) 354-1652  
FAX: (904) 354-2721

455 NORTH GARLAND AVE  
SUITE 414  
ORLANDO, FLORIDA 32801  
(407) 872-2206  
FAX: (407) 872-5763

GAINESVILLE, FLORIDA  
(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: \_\_\_\_\_