



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
201 South Orange Avenue, Suite 350
Orlando, Florida 32801

Fax: (844) 762-1556
E-mail: casework@rubio.senate.gov

Phone: (407) 254-2573
Toll-free: (866) 630-7106