Congressman Ross Spano

Florida's 15th Congressional District

Veterans and Military Affairs Privacy Authorization Form

Please fill out the form and return it to the District Office at the address below or Fax it to (863)603-0749:

Congressman Ross Spano
124 S. Florida Avenue, Suite 304
Lakeland, FL 33801

Please Print:

Name: (Mr. ___ Mrs. ___ Ms. ___) _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell Phone # _____

Email Address: _____

SSN _____ Date of Birth _____ Service # _____

VA File # _____ Branch of Service _____ DOS _____

In accordance with the Privacy Act of 1974 (5 U.S.C. § 552a), I give Congressman Ross Spano and his Staff, written authorization to contact Agencies on my behalf in order to obtain confidential information that would otherwise not be permitted to a third party without written consent of the individual involved.

Signature _____ Date _____

○ Check if you are interested in receiving periodic email updates from Congressman Ross Spano

PLEASE EXPLAIN WHAT YOU ARE SEEKING ASSISTANCE WITH ON THE FOLLOWING PAGE

Questions or assistance needed? Please contact the District Office at 863-644-8215

Please explain what you are seeking assistance with on the lines below: