

**Congress of the United States**  
**House of Representatives**  
Washington, DC 20515-1309

**PRIVACY RELEASE FORM**

The Privacy Act of 1974 requires written consent from the individual/constituent before Congresswoman Jan Schakowsky can obtain information from government agencies on your behalf. Please complete and sign this form and return it to Congresswoman Schakowsky's office.

**PLEASE TYPE OR PRINT**

☐ Mr. ☐ Mrs. ☐ Ms. ☐ Miss ☐ Dr. ☐ Honorable ☐ Other \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

Unit Number (if any): \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please check the corresponding box below:**

<input type="checkbox"/> Grants	<input type="checkbox"/> Health Care	<input type="checkbox"/> Housing	<input type="checkbox"/> IRS	<input type="checkbox"/> Medicare
<input type="checkbox"/> Military/VA	<input type="checkbox"/> Passport	<input type="checkbox"/> Post Office	<input type="checkbox"/> Social Security	<input type="checkbox"/> Other: _____

Relevant Number(s) (i.e. case#, claim#, receipt#, Medicare card#): \_\_\_\_\_

Have you contacted any other elected official to assist with your issue(s) or concern(s)? ☐ YES ☐ NO

Name: \_\_\_\_\_

Do you currently have an attorney working with you? ☐ YES ☐ NO

May we contact this attorney about your case? ☐ YES ☐ NO

Attorney: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please include a detailed letter explaining your situation and photocopies of documentation that is relevant to your case.**

*I certify, under penalty of perjury, that 1) I have provided or authorized all of the information in this privacy release and any document submitted with it; 2) I reviewed and understand all of the information contained in my privacy release and submitted with it; and 3) all of this information is complete, true, and correct.*

*I authorize the office of Congresswoman Schakowsky to address the matter described above on my behalf and receive all relevant information the Congresswoman and her Staff may need in their efforts to provide assistance to me.*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**