

JANICE D. SCHAKOWSKY
9TH DISTRICT, ILLINOIS

COMMITTEE ON ENERGY AND COMMERCE
Ranking Member, Digital Commerce
and Consumer Protection
Health
Oversight and Investigations
COMMITTEE ON THE BUDGET
CHIEF DEPUTY WHIP

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

2367 RAYBURN HOUSE OFFICE BUILDING
Telephone: 202-225-2111
Fax: 202-226-6890
TTY: 202-224-3901

5533 N. BROADWAY, SUITE 2
CHICAGO, IL 60640
Telephone: 773-506-7100
Fax: 773-506-9202

1852 JOHNS DRIVE
GLENVIEW, IL 60025
Telephone: 847-328-3409
Fax: 847-328-3425

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

