

COMMITTEE ON ENERGY AND COMMERCE  
Subcommittees:  
*Ranking Member, Commerce,  
Manufacturing, and Trade*  
Health  
Oversight and Investigation  
CHIEF DEPUTY WHIP

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

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**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: \_\_\_\_\_

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

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"/> Immigration	<input type="checkbox"/> Medicare
<input type="checkbox"/> Military / Veterans Affairs	<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

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

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

*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*