



# CONGRESSWOMAN MELISSA BEAN

*Representing the 8th District of Illinois*

## Privacy Act Release Form

In order to open a case on your behalf, please complete this form and return it to my Schaumburg Office. You should also include copies of any relevant documents, *but please send only copies of your documents and do not send originals*. Please print. You may also fill this form online before printing.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: IL Zip+4: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Alien Registration Number: A \_\_\_\_\_

Veteran's Claim Number: \_\_\_\_\_

Military I.D. Number: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

Other Case or Claim Numbers: \_\_\_\_\_

Briefly explain your problem or the information you are requesting:

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The Privacy Act of 1974 prohibits the disclosure of personal information without that individual's consent. I agree to allow Congresswoman Melissa Bean access to records relating to the problem described above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For assistance in completing this form, phone 847-925-0265.

**This form may be returned by fax to: 847- 925 - 0288, or by mail to:**

**Congresswoman Melissa Bean, 1622 E. Algonquin Road, Suite L, Schaumburg, IL 60173**