



CONGRESSMAN BILL FOSTER  
Serving the 14<sup>th</sup> District of Illinois

**Privacy Act Release Form**

In order for my office to assist you in dealing with a federal agency you must return this completed form, with copies of any supplemental documents, to my district office located at 27 North River St., Batavia, IL 60510 or via fax at 630-406-1808. Please print legibly and feel free to use additional blank pages if necessary to fully explain your problem. Should you have any further questions, you can call us at (630)406-1114.

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Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt. # \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Preferred Phone: \_\_\_\_\_  
Other Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

(fill any that apply)

Social Security Number: \_\_\_\_\_  
Alien Registration Number: \_\_\_\_\_  
Veteran's Claim Number: \_\_\_\_\_  
Military I.D. Number: \_\_\_\_\_  
Branch of Service: \_\_\_\_\_ Dates of Service: \_\_\_\_\_  
Other case or claim number(s): \_\_\_\_\_

(if applicable)

Person for whom you are requesting assistance: \_\_\_\_\_

Briefly explain your problem or the information you are requesting:

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In accordance with the Privacy Act of 1974, I allow Congressman Foster and his staff to access records relating to the problem I have described above.

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