

PRIVACY ACT RELEASE

I hereby authorize Congresswoman Janice D. Schakowsky and staff to communicate with pertinent agencies on my behalf.

In order to respond to the inquiry about me, I understand that it may be necessary to release information that, under the Privacy Act of 1974, cannot be released without my written consent. I am therefore consenting to the release of information protected by the statute.

Name (Please Print)

M.I.

Last Name

Street Address & Apartment Number

City, State, Zip Code

Daytime Phone Number

Date of Birth

Social Security Number

Signature

Date signed