



PRIVACY RELEASE AUTHORIZATION FORM
THE OFFICE OF CONGRESSMAN TIMOTHY V. JOHNSON
THE 15TH CONGRESSIONAL DISTRICT OF ILLINOIS

I have sought assistance from Congressman Tim Johnson on a matter that may require release of information maintained by your agency, and which may be prohibited from distribution under the Privacy Act of 1974.

I hereby authorize you to release all relevant portions of my records or to discuss problems involved in this case with Congressman Johnson or any authorized member of his staff.

Applicant Information

Last Name:	First Name:	Middle Name:
Address:		
Address (Apt., Suite, etc.):		
City:	State:	Zip:
Telephone Number:	Fax Number:	Email:
Social Security Number:	Agency/Branch of Military:	Date of Birth:
Alien Number:	VA Claim Number:	Other Identifying Number:
Are you facing a deadline? Yes No	Have you contacted my office before? Yes No	

Additional Information

Please briefly explain the issue on which you are requesting my assistance below. If additional space is required, attach an additional piece of paper or use the back of this form. Also, please include the most recent correspondence you have received from the federal agency and any other pertinent information regarding this case.

I authorize the Congressional office named above to request information on my behalf.

Signature	Date
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Return completed form via mail or fax to:

Congressman Tim Johnson
 2004 Fox Drive
 Champaign, Illinois 61820
 Fax: (217) 403-4691