

Congressman John Shimkus
19th Congressional District, Illinois



PRIVACY ACT RELEASE

*Constituent Request for Service
Consent for Release of Personal
Records by Executive Agencies*

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

I hereby authorize you to release all relevant portions of my records or to discuss problems in this case with Congressman Shimkus or any authorized member of his staff until this matter is resolved.

Your name (please print): _____ Date _____

(Your Signature) (Date of Birth)

(Mailing Address) (City) (State) (Zip code)

(Your Home Telephone #. If none, # where you could be reached.)

(Home) _____ (Work) _____

(Email Address) _____

(Social Security #) (VA Claim # or Medicare #, if applicable)

Please provide an explanation of the matter you would like Congressman Shimkus to pursue. Please use the reverse side of this form or attach a separate piece of paper if additional space is needed.

If possible, it would be greatly appreciated if you would please provide copies of any correspondence from the agency involved in this matter. Please return this form to my Collinsville Office.

240 Regency Centre, Collinsville, IL 62234 or fax to (618) 344-4215