



# General Privacy Release Form

**Congresswoman Judy Biggert**  
*Serving the Thirteenth Congressional District of Illinois*

Phone: (630) 655-2052

Fax: (630) 655-1061

## Constituent Information

Name \_\_\_\_\_

E-mail \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Phone Number \_\_\_\_\_ Work/Cell Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

## Case Type

Veteran's Issue

Labor Issue

Military Issue

Education Issue

Other \_\_\_\_\_

## Consent for Release of Personal Record or Case Information

Information obtained regarding my case may be shared with the following individuals:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

The Privacy Act of 1974 prohibits the government from revealing any information from personal files of individuals without the express permission of the person involved. Disclosure of personal records to a congressional office that is acting in behalf of a constituent is prohibited, unless the individual to whom the record pertains has consented.

I, the undersigned, hereby authorize Congresswoman Biggert or her designee to receive and share information in my file pertinent to her/his inquiry on my behalf.

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

Please mail this completed form, a brief narrative, and copies of any relevant accompanying documentation to:

**The Honorable Judy Biggert**  
**6262 South Route 83, Suite 305**  
**Willowbrook, IL 60527**

## Casework authorization to review personal information protected by the Privacy Act

The Privacy Act requires that you authorize access to your private records. Without your authorization, an inquiry on your behalf will not be possible.

*February 2010*