



Congressman Bradley S. Schneider

PRIVACY AUTHORIZATION FORM

Under the provisions of the Privacy Act of 1974

1

Name: _____ Date of Birth _____

Address: _____

City: _____ State: IL Zip: _____

Email Address: _____

Home Phone: _____ Work : _____ Cell: _____

2

If applicable, please provide the following:

Federal Agency involved: _____ Social Security # _____

Veteran's claim # _____ IRS: Tax Year _____ Form: _____

3

Please provide a concise explanation of your problem and attach photocopies of any documents relevant to this case. Please use additional paper if necessary.

4

I authorize Congressman Schneider and his staff to act on my behalf to transmit and/or receive information pertinent to my request for assistance. 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.

Signature: _____ Date: _____

Please print and return this form to:

Congressman Bradley S. Schneider, 111 Barclay Blvd, Suite 200

Lincolnshire, IL 60069 or fax to (847) 793-0677