

Your signature on this document is required for assistance

Privacy Release Form

Congressman Peter Roskam, 6th Congressional District, IL

Name _____ Date _____
Street Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Business/Cell Phone _____
Date of Birth _____ Social Security Number _____
Veterans Claim Number (if applies) _____
Military Identification Number (if applies) _____
Other numbers identifying my case (if applies) _____
Federal Agency involved _____
Types of benefits I am seeking _____
Date and Place claim was filed _____

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

Name _____ Relationship _____
Name _____ Relationship _____

Under the Privacy Act of 1974, Federal Agencies are prohibited from releasing any information regarding an individual without written consent. Therefore, I, _____, hereby authorize Congressman Peter J. Roskam and his staff to make inquiries into my records from whoever necessary to receive and share information in my file regarding my inquiry.

Signature _____ Date _____

Please mail or fax this completed form, a letter explaining the situation and desired resolution, and copies of any relevant documentation to:

Congressman Peter Roskam
2700 International Drive, Suite 304
West Chicago, IL 60185
F: (630) 232-7393