

Congressman John Shimkus

15th 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 dissemination 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.

(Name of constituent/claimant: please print)

(Today's date)

(Please sign: Signature must be of constituent/claimant,
as Power of Attorney is not accepted by many agencies.)

(Date of birth)

(Mailing address)

(City)

(State)

(Zip code)

(Home telephone number)

(Cell telephone number)

(Work telephone number)

(Home email address)

(Work email address)

(Social Security number, if applicable)

(VA claim number or Medicare number, if applicable)

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

NOTE: This must be completed, or no action can be taken.

Have you contacted any other legislators about your issue(s)? No Yes: _____

If possible, it would be greatly appreciated if you would provide copies of any correspondence from the agency involved in this matter. Please send this completed form to:

**Congressman John Shimkus
15 Professional Park Drive
Maryville, IL 62062**

or fax to (618) 288-7219

Please call (618) 288-7190 with any questions.