



CONGRESSWOMAN MELISSA BEAN

Representing the Eighth District of Illinois

Privacy Act Release Form

In order to open a case on your behalf, please complete this form and return it to my Schaumburg office. You should also include copies of any relevant documents, but please send only copies of your documents and do not send originals.

Name: _____ Date of Birth: _____

Address: _____ Apt #: _____

City: _____ State: _____ Zip+4: _____

Daytime Phone: _____

Other Phone: _____

E-Mail Address: _____

Social Security Number: _____

Alien Registration Number: A _____

Veteran's Claim Number: _____

Military I.D. Number: _____

Branch of Service: _____ Dates of Service: _____

Other Case or Claim Numbers: _____

Briefly explain your problem or the information you are requesting:

The Privacy Act of 1974 prohibits the disclosure of personal information without that individual's consent. I agree to allow Congresswoman Melissa Bean to access any records relating to the problem described above.

Signature: _____ Date: _____

For assistance in completing this form phone 847-517-2927.

This form may be returned by fax to: 847-517-2931, or by mail to:

Congresswoman Melissa Bean, 1701 E Woodfield Road, Suite 200, Schaumburg, IL 60173