



# Congresswoman Judy Biggert Privacy Release Form

Serving The Thirteenth Congressional District of Illinois

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone (work/cell): \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number: \_\_\_\_/\_\_\_\_/\_\_\_\_

Medicare Number: \_\_\_\_\_

**Please give a brief description of your situation. Please also attach copies of any relevant documents.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have asked U.S. Representative Judy Biggert to communicate with (list Federal agency) \_\_\_\_\_ on my behalf. In order to respond to her inquiry about me and to give her status reports on my case, I realize that it may be necessary to release information about that, under the Privacy Act of 1974 (Public Law 93-579) cannot be released without my written consent. This form is to serve as my consent for the release of such information to Congresswoman Biggert or her designee.

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

Please mail this completed form and copies of any accompanying documentation to:

**The Honorable Judy Biggert**  
**6262 South Route 83, Suite 305**  
**Willowbrook, Illinois 60527**  
**Phone: (630) 655-2052**  
**Fax: (630) 655-1061**

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.)



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22 August 2007