



**CONGRESSMAN PHIL HARE**  
**17<sup>TH</sup> District – Illinois**  
**PRIVACY ACT CONSENT FORM**

I am aware that the Privacy Act of 1974 prohibits the release of information in my file without my approval. I hereby authorize Congressman Phil Hare or his representative to inquire with the following agency on my behalf:

(Name of Agency) \_\_\_\_\_

**In signing this release form, I acknowledge that all information I provide Congressman Hare and/or his staff (including medical documentation) will be forwarded to the above agency and their agents reviewing my case file. I hereby authorize the release of any and all information by the above agency to Congressman Phil Hare and his staff, employees and/ or agents necessary to fully respond to the instant inquiry.**

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

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

PLEASE PRINT THE FOLLOWING INFORMATION:

Name: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

A# \_\_\_\_\_ C# \_\_\_\_\_

Briefly explain the issue in which you are requesting assistance:

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**Please note: By federal law (18 USC, Sec. 205), neither Congressman Hare nor his staff can involve themselves in private legal matters or represent constituents in judicial proceedings.**