

**OFFICE OF U.S. REPRESENTATIVE JESSE L. JACKSON, JR.**  
**FEDERAL AGENCY REQUEST FOR ASSISTANCE FORM**

In accordance with the Privacy Act of 1975, I hereby authorize U.S. Representative Jesse L. Jackson, Jr. access to review or receive any and all records related to my case under [5 U.S.C. § 552a](#).

I live in the 2nd Congressional District of Illinois: YES \_\_\_\_\_ NO \_\_\_\_\_

**PRINTED NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**PHONE:** \_\_\_\_\_

**2ND PHONE:** \_\_\_\_\_

**FEDERAL AGENCY INVOLVED:** \_\_\_\_\_

**SOCIAL SECURITY #:** \_\_\_\_\_

**CASE NUMBER (IF KNOWN):** \_\_\_\_\_

**BRIEF STATEMENT OF YOUR CONCERNS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

**PLEASE MAIL THIS FORM TO:**

**Congressman Jesse L. Jackson, Jr., 17926 South Halsted Street, Homewood, Illinois, 60430.**