



Congressman Bradley S. Schneider

PRIVACY AUTHORIZATION FORM

Under the provisions of the Privacy Act of 1974

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: Illinois Zip Code: _____

Email: Address: _____

Home Phone: _____ Cell Phone: _____

If applicable, please provide the following:

Federal Agency Involved: _____ Social Security #: _____

Case #: _____ IRS Tax Year: _____ Form: _____

Provide an explanation of your problem in the space below and attach any relevant documents. Use additional paper if necessary.

I authorize Congressman Schneider and his staff to act on my behalf to transmit and/or receive information pertinent to my request for assistance. In order to respond to the inquiry about me, I understand that it may be necessary to release information that, under the Privacy Act of 1974, cannot be released without my written consent. I am therefore consenting to the release of information protected by the statute.

Signature: _____ Date: _____

Please complete and return this form to:

**Congressman Bradley S. Schneider's District Office, Available by Appointment Only
To Schedule Call (847) 383-4870 or Fax (771) 200-5951**