Office of Congressman Sean Casten

PRIVACY RELEASE FORM

Authorization in Accordance with the 1974 Privacy Act

Name: _____ Date of Birth: _____

Home Phone: _____ Other Phone: _____

Email: _____ Preferred method of contact: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please provide a detailed description of your request for assistance and the desired resolution you are seeking:

If applicable, please provide the following

Federal Agency Involved: _____ Social Security #: _____

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

(Please provide the appropriate identification number pertaining to the assistance which you are seeking our help)

Branch of Service: _____

Military Rank: _____

Note: The Privacy Act of 1974 (5 U.S.C.§552a) requires that Members of Congress or their staff have written authorization before they can obtain information about an individual's case. I hereby authorize Congressman Casten or his staff to receive information on my behalf and/or to discuss my records with the agency involved or with any third party designated on this form.

☐ I would like to receive e-newsletters and other important information from Congressman Casten

Signature: _____ Date: _____

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Any other Elected Official(s) from whom you have requested assistance: _____

_____

_____

_____

Please list the name and relationship for any third person to whom our office may disclose information:

Name: _____ Relation: _____ Phone Number: _____

Name: _____ Relation: _____ Phone Number: _____

Name: _____ Relation: _____ Phone Number: _____

If returning this form by U.S. mail, please send the required documentation to the following address:

Congressman Sean Casten

Attn: Constituent Services

2700 International Drive, Suite 304

West Chicago, IL 60185