



**U.S. REPRESENTATIVE SEAN CASTEN IL 06
UNITED STATES SERVICE ACADEMY
2020 PRIVACY ACT RELEASE FORM**

Please read before signing: I certify that I am a resident of the 6th Congressional District of Illinois. I also understand that if I have not submitted all the necessary information and do not have an open admissions file with an academy as of October 26, 2020, I will not be given consideration for a nomination.

In the event that the Office of Congressman Sean Casten finds it necessary to make inquiries on your behalf concerning your nomination, it is important that you provide permission for such inquiries to be made.

Please PRINT your name: _____

Date of Birth: dd/mm/yyyy: _____

SSN: _____

I hereby authorize the Office of Congressman Sean Casten to make an inquiry on my behalf to obtain all necessary information related to a United States Service Academy nomination.

Signature of Applicant

Date