Print Form

To Whom It May Concern:

I have sought assistance from Congressman Aaron Schock on a matter that may require release of information maintained by your agency, and which may be prohibited from distribution under the Privacy Act of 1974.

I hereby authorize you to release all relevant portions of my records or to discuss problems involved in this case with Congressman Schock or any authorized member of his staff.

Congressional Office:	Aaron Schock
Telephone:	(309) 671-7027
Fax:	(309) 671-7309

Date of Inquiry:

Applicant Information

Last Name:	First Name:		Middle Initial:
Address:			
City:	State:	Zip:	Telephone #:
Social Security Number:	Other Identifying Number:		Email:
Agency/Branch of military:			Date of Birth:

Additional Information

Please describe the problem and explain what you would like the Congressman to do.
Attach a separate piece of paper or use the reverse side of this form, if additional space is needed.

I authorize the Congressional office named above to request information on my behalf.

(Signature)