Print Form

CONSENT FOR RELEASE OF PERSONAL RECORDS BY THE US DEPARTMENT OF STATE

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.

Your name: _____
Today's date: _____
Complete Address: _____
_____
Email: _____
Social Security Number: _____ Phone Number: _____
Date of Birth: _____

X Your Signature _____

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. Please include any other information that you deem to be relevant.

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Once completed, please return this form to:

Tiffany Tebben
Congressman Aaron Schock
100 NE Monroe, Rm. 100
Peoria, IL 61602