

PRIVACY AUTHORIZATION RELEASE

In compliance with the Privacy Act of 1974, I hereby authorize Congressman Mark Kirk or his staff to make any inquiry they deem necessary, and to request copies of pertinent records on my behalf.

Name (Please Print): _____

Address: _____

Phone _____

Number: _____

_____ Email

Address: _____

Social Security Number: _____

Other Identification/Case Number: _____

Please describe your problem:

Signature: _____

Date: _____

Please fill out this form completely and return it to my district office at the following address:

Congressman Mark Kirk
707 Skokie Blvd., Suite 350
Northbrook, IL 60062