



**Congressman Rodney Davis (IL-13)**  
**Privacy Release Authorization**

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**Constituent Instructions:**

Fill out as much of the information below as you can. A signature is required. On a separate sheet of paper type or print clearly the issue you need assistance with and what you would like our office to do. Also, please attach the most recent correspondence you have received from the agency if available and any other pertinent information regarding this case. If you have questions about this form please call (217) 403-4690. Once completed, return using one method from below:

E-mail: \_\_\_\_\_

Mail: \_\_\_\_\_

Fax: (217) 403-4691

**Constituent Provided Information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ Fax Number \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Alien and/or Receipt Number (for immigration cases only) \_\_\_\_\_

Are you facing a deadline? Yes \_\_\_ No \_\_\_ If yes, when? \_\_\_\_\_

Have you contacted our office before on this matter? Yes \_\_\_ No \_\_\_

**To Whom It May Concern:**

I have sought assistance from Congressman Rodney Davis on a matter that may require the release of information maintained by the \_\_\_\_\_ (Agency), and which you may be prohibited from disseminating under the Privacy Act of 1974.

I hereby authorize you to release portions of my records or to discuss problems involved in this case with Congressman Davis or any authorized member of his staff until this matter is resolved.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)