CONGRESSMAN BILL FOSTER
Serving the 14th District of Illinois

Privacy Act Release Form

In order for my office to assist you in dealing with a federal agency you must return this completed form, with copies of any supplemental documents, to my district office located at 27 North River Dr, Batavia, IL 60510 or via fax at 630-406-1808. Please print legibly and feel free to use additional blank pages if necessary to fully explain your problem. Should you have any further questions, you can call us at (630)406-1114.

Name: _____ Date of Birth: _____
Address: _____ Apt. # _____
City: _____ State: _____ Zip: _____
Home Phone: _____
Other Phone: _____
E-mail: _____

(fill any that apply)
Social Security Number: _____
Alien Registration Number: _____
Veteran's Claim Number: _____
Military I.D. Number: _____
Branch of Service: _____ Dates of Service: _____
Other case or claim number(s): _____

Briefly explain your problem or the information you are requesting:

_____

_____

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_____

In accordance with the Privacy Act of 1974, I allow Congressman Foster and his staff to access records relating to the problem I have described above.

Signature: _____ Date: _____