

**Danny K. Davis**7<sup>th</sup> District, Illinois

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**Congress of the United States**

House of Representatives  
Washington, D.C.

**COMMITTEE ON  
WAYS AND MEANS**

Subcommittees:  
Chairman,  
Worker and Family Support  
Trade

COMMITTEE ON  
OVERSIGHT AND REFORM  
Subcommittees:  
Civil Rights and Civil Liberties  
Government Operations

**Privacy Release Form**

The *Privacy Act of 1974* requires written consent from an individual constituent before information can be obtained from a government agency's records. To better serve you, please complete both sides of this form and return it to me. In order to be in compliance with the *Privacy Act of 1974*, this form must be signed. If you are inquiring on behalf of an individual, that individual must complete and sign this form.

Prefix: ☐ Ms. ☐ Mrs. ☐ Mr. ☐ Dr.

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

I prefer to be contacted by: ☐ Home Phone ☐ Cell Phone ☐ Work Phone ☐ Email

Federal Agencies Involved: \_\_\_\_\_

Have you contacted other Senate or Congressional offices about this issue? ☐ YES ☐ NO

If yes, who have you contacted?

Representative \_\_\_\_\_

If you wish to designate individuals other than Rep. Danny K. Davis and his staff, please list them here:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

***I freely and willingly authorize Congressman Danny K. Davis and his staff to make inquiries into my personal records and/or files to obtain information about me pertaining to my request for assistance. I understand that I may revoke this authorization at any time.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete other side**

Please complete all sections that apply to your case

Briefly explain your issue and please state how you would like Congressman Davis to help you.

Please provide a detailed account. Attach or provide any additional relevant correspondence that you have initiated or received concerning this matter.

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If your request for assistance involves medical information, please fill out the Authorization to Release Medical Information, under the *Heath Insurance Portability and Accountability Act of 1996 (HIPAA)* and return it along with this form.

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#### Veterans Affairs Issues

Case Number: \_\_\_\_\_

Please include a copy of DD214 if relevant

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#### Department of Defense Issues

Branch: \_\_\_\_\_

Unit: \_\_\_\_\_

Duty Station: \_\_\_\_\_

Rank: \_\_\_\_\_

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#### Medicare Issues

I am having problems with:

☐ Part A

☐ Part B

☐ Part D

☐ Medicare Advantage

Medicare Number: \_\_\_\_\_

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#### Social Security Issues

Type of Claim Filed: \_\_\_\_\_

Has the claim been denied?

☐ YES

☐ NO

Office you are dealing with: \_\_\_\_\_

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#### Immigration Issues

Receipt Number: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_

Alien Number: A- \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Type of Petition: \_\_\_\_\_

Consulate Involved: \_\_\_\_\_

Current Immigration Status: \_\_\_\_\_

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Please print and sign this form and return by mail or fax to:

Congressman Danny K. Davis  
2813-15 W. Fifth Avenue, Chicago, Illinois 60612 or fax: (844) 274-0426