



UNITED STATES SENATOR BARACK OBAMA  
CHICAGO OFFICE

**PRIVACY ACT RELEASE FORM**

The provisions of Public Law 93-579 (Privacy Act of 1974) prohibit the disclosure of information of a personal nature from the files of an individual without their consent.

Accordingly, I authorize the staff of Senator Barack Obama to access any and all of my records that relate to the problem stated below.

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

To begin processing your case, please complete the following information:

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Place of Work: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Section 8 No: \_\_\_\_\_  
Alien Registration Number: \_\_\_\_\_ FEIN No: \_\_\_\_\_  
Branch Service: \_\_\_\_\_ Rank: \_\_\_\_\_

Briefly explain your problem or the information desired: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE RETURN YOUR COMPLETED FORM TO ONE OF SEN. OBAMA'S STATE OFFICES:**  
230 S. Dearborn St., Ste. 3900      607 E. Adams St      721 N. Court Street  
Chicago, IL 60604      Springfield, IL 62703      Marion, IL 62959  
(312) 886-3514 – FX      (217) 492-5099 – FX      (618) 997-2850 – FX