Privacy Release Authorization

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 _____, and which you may be prohibited from disseminating under the Privacy Act of 1974.

I hearby 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)

Please print the following information:

Name_____

Address_____

City/State/Zip_____

Daytime Phone_____ Evening Phone_____

Fax Number_____ E-mail Address_____

Social Security Number_____

Date of Birth_____

Are you facing a deadline?   ☐ Yes   ☐ No

Have you contacted my office before on this matter?   ☐   Yes   ☐   No

On a separate sheet of paper please type or print clearly your issue and/or concern and what you would like me to do.

Please attach the most recent correspondence you have received from the federal agency and any other pertinent information regarding this case. Once completed, please mail or fax to:

Congressman Rodney Davis
2004 Fox Drive, Champaign, IL 61820
Phone 217 / 403-4690 or Fax 217 / 403-4691