

CONGRESSIONAL INQUIRY FORM
Congressman Adam Kinzinger
16th Congressional District, Illinois

I understand under the Privacy Act of 1974 that Federal and State Government Agencies are prohibited from releasing any information regarding an individual without that individual's written consent. Therefore, I hereby give you and your staff permission to make inquiries into my records kept by the:

(List Federal Agency Here) _____

Name: _____ Date: _____

Address:(Street) _____

City: _____ State: _____ Zip: _____

Home phone: _____ Business/Cell Phone: _____

Date of birth: _____ Social Security Number: _____

E-mail address: _____

Any other identifying case numbers: _____

Type of benefits I am seeking: _____

Date and Place claim was filed: _____

Description of problem/concern (use extra paper if necessary)
 Attach copies of any documents related to this problem.

Signature: _____ Date: _____

Please return to:
Congressman Adam Kinzinger
628 Columbus St., Suite 507
Ottawa, IL 61350
Fax: 815-431-9383