



31st Illinois Senate District

State Senator Michael Bond

Privacy Act Release Form

In order to open case on your behalf, please complete this form and return it to my Grayslake Office. You should also include copies of any relevant documents, but please send only copies of your documents and do not send originals. Please print. You may also fill this form online before printing.

Name: _____ Date of Birth: _____
Address: _____ Apt#: _____
City: _____ State: IL Zip : _____
Daytime Phone: _____
Other Phone: _____
E-Mail Address: _____
Social Security Number: _____
Alien Registration Number: A _____
Veteran's Claim Number: _____
Military I.D. Number: _____
Branch of Service: _____ Dates of Service: _____
Other Case or Claim Numbers: _____

Briefly explain your problem or the information you are requesting:

The Privacy Act of 1974 prohibits the disclosure of personal information without that individual's consent. I agree to allow State Senator Michael Bond access to records relating to the problem described above.

Signature: _____ Date: _____

For assistance in completing this form, phone 847-752-7004
This form may be returned by fax to: 1-866-512-4931, or by mail to:
State Senator Michael Bond, 1156 E. Washington St, Grayslake, IL 60031