



Constituent Inquiry Form

Please fill out this form so that the office of Senator Tom Rooney can assist you in the matter you describe below. Pursuant to the Privacy Act of 1974, HIPAA, FERPA and Illinois state law, our office must have your written consent to obtain information from other agencies in order to assist you.

1 Mr. Mrs. Ms. Full Name:

Date of Birth:

Home Phone:

Email:

Cell Phone:

Address:

City:

State:

Zip:

If applicable, please provide the following information:

Agency/Department:

Case Number:

2 Please explain why you are contacting Senator Tom Rooney's office and attach copies of any supporting documents.

3

I, _____ authorize Senator Tom Rooney and his staff to request and access to all records and reports pertinent to my request for assistance in the matter stated above.

Signature: _____

Date: _____

4 Please return this form to the office by mail, fax or hand delivery:

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