



**Constituent Inquiry Form**

Please fill out this form so that the office of Senator Matt Murphy 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 Matt Murphy's office and attach copies of any supporting documents.

**3** I, \_\_\_\_\_ authorize Senator Matt Murphy and his staff to request and access to all records and reports pertinent to my request for his assistance in the matter stated above.

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

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

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