



CONGRESSMAN JOHN P. SARBANES

Privacy Release Form—Immigration

Federal agencies are prohibited from releasing information concerning an individual to a third party under the Privacy Act of 1974. Please complete and sign this form, which will allow information regarding your immigration concern to be released to the office of Congressman John P. Sarbanes.

Name of Petitioner: _____

Address: _____

Email: _____

Phone - Home: _____ Mobile: _____ Work: _____

Name of Beneficiary: _____ Date of Birth: _____

Relationship to Petitioner: _____ Alien #: _____

Country of Origin: _____ Passport #: _____

Application Type: _____ Receipt #: _____

Application Type: _____ Receipt #: _____

Application Type: _____ Receipt #: _____

NVC Case # (if applicable): _____

Name of Beneficiary: _____ Date of Birth: _____

Relationship to Petitioner: _____ Alien #: _____

Country of Origin: _____ Passport #: _____

Application Type: _____ Receipt #: _____

Application Type: _____ Receipt #: _____

Application Type: _____ Receipt #: _____

NVC Case # (if applicable): _____

Name of Beneficiary: _____ Date of Birth: _____

Relationship to Petitioner: _____ Alien #: _____

Country of Origin: _____ Passport #: _____

Application Type: _____ Receipt #: _____

Application Type: _____ Receipt #: _____

Application Type: _____ Receipt #: _____

NVC Case # (if applicable): _____

I am aware that Public Law 93-579 (the Privacy Act of 1974) prohibits the release of personal information contained in my records without my permission. I authorize U.S. Citizenship and Immigration Services, the Department of State, and the National Visa Center to provide information concerning my case/claim to Congressman John P. Sarbanes.

Signature: _____

Date: _____