



## CONGRESSIONAL INQUIRY

### PRIVACY RELEASE FORM

*The Privacy Act of 1974 (Public Law 93-579) prevents agencies from releasing information about you to anyone without your written permission. Therefore, I need your written signature on this waiver before I can intervene with a federal agency on your behalf.*

#### PETITION INFORMATION

Beneficiary's Name: \_\_\_\_\_ other names used: \_\_\_\_\_

Petitioners Name: \_\_\_\_\_ Relationship to Beneficiary: \_\_\_\_\_

Petitioner's Current Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (home): ( ) \_\_\_\_\_ - \_\_\_\_\_ Phone (work): ( ) \_\_\_\_\_ - \_\_\_\_\_

Application Type: \_\_\_\_\_ Case No.: \_\_\_\_\_  
\*Example, WAC, LIN, Alien ID, Visa, or Passport Number.

Receipt No.: \_\_\_\_\_ Receipt Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_

Other Congressional Offices Contacted: \_\_\_\_\_

#### AUTHORIZATION

I understand that in order for you to respond fully to my request, it may be necessary for you or your staff to review those federal records that contain information you will need to assist me. By signing this form, I hereby authorize the appropriate federal agencies to release to you such information as you may require.

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

I also understand that in order for your office to share information with anyone other than myself, I need to indicate whom.

I authorize: \_\_\_\_\_ (relation to you) \_\_\_\_\_ to receive information on my case.

#### DESCRIPTION OF YOUR SITUATION:

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*\*Please submit this form and supporting documentation to the address above.*