\_\_\_\_\_ Date \_\_\_\_



## IMMIGRATION CASEWORK PRIVACY RELEASE

Please fill out all information that applies to your case and direct any question to our office at 845-561-1259 Petitioner/Constituent: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Email: Phone #: Address: \_\_\_\_\_ Country of Birth: \_\_\_\_\_ Applicant/Visitor: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ USCIS Alien #: A-\_\_\_\_\_ Country of Birth: \_\_\_\_\_ Passport#: \_\_\_\_\_\_ Passport Expiration Date: \_\_\_\_\_ USCIS Receipt #: \_\_\_\_\_ Date Filed: \_\_\_\_\_ Form #: \_\_\_\_\_ Visa Receipt #: \_\_\_\_\_ Date Filed: \_\_\_\_ Location: \_\_\_\_ Purpose of Travel: \_\_\_\_\_\_ Visa Type (Circle): Immigrant / Nonimmigrant Briefly describe the issue (include significant dates): In accordance with the 1974 Privacy Act, I do hereby give the 18th Congressional District Office my consent to obtain any and all records or information necessary to assist me with my federal issue. I furthermore authorize any federal agency relevant to the matter listed above to give the 18th Congressional District office staff any information pertaining to my claim and/or records. I certify under penalty of perjury, that 1) I provided or authorized all of the information in this privacy release and any document submitted with it; 2) I reviewed and understand all of the information contained in my privacy release

Please mail, fax or email this signed form and any COPIES of relevant materials to:

and submitted with it; and 3) all of this information is complete, true, and correct.

Applicant Signature \_\_\_\_\_

Representative Sean Patrick Maloney 123 Grand Street Newburgh, NY 12550

FAX: 845-561-2890