PRIVACY RELEASE FORM
IMMIGRATION CASE

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 Representative Chris Van Hollen.

PLEASE COMPLETE STEPS 1-6

STEP 1: PLEASE PROVIDE YOUR CONTACT INFORMATION

Name: Mr./ Mrs./ Ms./ Dr. _____

Address: _____

_____

Email Address: _____

Telephone Numbers: **Home:** _____

Work: _____

Mobile: _____

STEP 2: IF YOU ARE NOT THE APPLICANT, PLEASE DESCRIBE YOUR RELATIONSHIP TO THE APPLICANT (examples: if you are filing for your sibling, spouse, parent, or child)

_____

STEP 3: PLEASE STATE THE IMMIGRATION ISSUE WITH WHICH YOU WOULD LIKE ASSISTANCE (examples: I-130, application for naturalization, non-immigrant visitor visa)

_____

STEP 4: THIS SECTION MUST BE COMPLETED BY THE PETITIONER OR BENEFICIARY

Please Circle One: ◯ **PETITIONER** ◯ **BENEFICIARY**

Name: Mr./ Mrs./ Ms./ Dr. _____
First Name Last Name

Date of Birth: _____

Alien Number: _____

Case/Receipt Number: _____

Beneficiary's Country of Citizenship: _____

Beneficiary's Country of Origin: _____

I authorize the Office of Congressman Chris Van Hollen to make inquiries on my behalf:

_____ _____
Signature **Date**

STEP 5: PLEASE ATTACH A SHORT LETTER EXPLAINING THE MATTER ON WHICH YOU WOULD LIKE ASSISTANCE AND COPIES OF ANY RELEVANT DOCUMENTS OR NOTICES (examples: approval notice, request for evidence, denial letter)

STEP 6: PLEASE RETURN THIS SIGNED FORM AND ALL SUPPORTING MATERIAL TO:

Representative Chris Van Hollen
51 Monroe Street, Suite 507, Rockville MD 20850
FAX: 301-424-5992