Congressman Devin Nunes
Constituent Services Privacy Release Form

1 **Please print or type all information:**

Name _____   Day Phone _____
    First   Middle   Last

Address _____   Social Security # _____

_____   Date of Birth _____
    City   State   Zip

E-Mail Address _____

Name of subject person if different from above: _____ DOB _____

Address _____   Phone Number _____

_____   Social Security # _____

2 **Please complete the appropriate section below:**

Immigration Inquiries

Petitioner _____   Beneficiary/Applicant _____

Case Number (or Receipt Number) _____   Date Filed _____

Office where application is pending _____   Type of Application _____

Passport Inquiries

Application Date _____   Travel Departure Date _____

Travel Destination _____   Passport Agency Location _____

3 **PLEASE SIGN:**

Pursuant to the Privacy Act of 1974, I authorize Congressman Nunes' Office to work on my behalf with any federal agency relevant to the matter described above and below, to receive and review any information contained in my file and, if necessary, to forward any pertinent correspondence sent by me regarding this matter.

Print Name _____   Signed _____   Date _____

4 **Please describe the situation for which you are requesting assistance. Attach additional pages if necessary.**

Please return completed form to Congressman Devin Nunes at the address below.

113 N. Church Street, Suite 208
Visalia, California 93291
Ph: (559) 733-3861
Fax: (559) 733-3865