



# Congressman Devin Nunes

## Constituent Services Privacy Release Form



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

Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
*First Middle Last*

Address \_\_\_\_\_ Home/Work Phone \_\_\_\_\_  
*City State Zip*

Date of Birth \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_

Name of subject person if different from above: \_\_\_\_\_ DOB \_\_\_\_\_  
 Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
 \_\_\_\_\_ Country of Birth \_\_\_\_\_

**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 \_\_\_\_\_ Social Security or Application # \_\_\_\_\_

Travel Destination \_\_\_\_\_ Travel Departure Date \_\_\_\_\_

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

Print Name \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

**4 Brief description of the issue (if you need more space, attach a separate sheet).**

**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