

PRIVACY RELEASE FORM

I hereby authorize Congressman Steve Israel to request on my behalf, pertinent to the Freedom of Information and Privacy Act, access to information concerning me in the files of:

(Department or Agency)

Congressman Israel is also authorized to see any materials that may be disclosed to that request, and to speak on my behalf.

NAME: _____ Date of Birth ___ / ___ / ___

Country of Origin _____

Current Mailing Address (NO P.O. Boxes):

E-mail _____

Telephone Numbers: (Home) _____ (Work) _____

List any identifying numbers that might apply to your situation:

Immigration "A" Number: _____ Date Filed: _____

Case Number: _____

Application type: _____

Name of Embassy: _____

Date of Last Correspondence with Immigration: _____

Briefly state the nature of your problem (be specific): _____

I hereby declare that I am currently a resident of the Second Congressional District and the above information is truthful and complete to the best of my knowledge. In addition, if it is found that the above information is not truthful and complete, my case will be closed and no further action will be taken on my behalf by Congressman Steve Israel and/or his staff.

Signature: _____ Date: ___ / ___ / ___

District Representative _____