

PRIVACY ACT RELEASE FORM
Immigration Casework

This form must be completed by the petitioner or beneficiary, unless the beneficiary is a minor child - in which case, the form must be filled out by the parent.

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 concern to be released to the office of Senator Barbara A. Mikulski.

Name of Petitioner: _____
Date of birth: _____
Alien Number: _____
Address: _____

Home phone (_____) _____ Work Phone (_____) _____

Name of Beneficiary #1: _____ Date of Birth _____
Alien Number: _____ Receipt Number: _____

Name of Beneficiary #2: _____ Date of Birth _____
Alien Number: _____ Receipt Number: _____

Name of Beneficiary #3: _____ Date of Birth _____
Alien Number: _____ Receipt Number: _____

Name of Beneficiary #4: _____ Date of Birth _____
Alien Number: _____ Receipt Number: _____

Benefit sought: Citizenship Adjustment of Status Green Card
 Deportation Asylum Refugee
 Other, specify _____

Do you have an attorney?: _____ If yes, whom? _____
Have you contacted another Federal elected official about this matter? _____
If so, who? _____

Additional _____ Comments: _____

Signature: _____ Date: _____
(Parent must sign if beneficiary is a minor)

Mail or Fax to: Senator Barbara A. Mikulski
 1629 Thames Street, Suite 400
 Baltimore, Maryland 21231
 Fax: 410.962.4760