

IMMIGRATION PRIVACY RELEASE FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Alien/Receipt # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male or Female? \_\_\_\_\_

Place of Birth \_\_\_\_\_

Type of Application Filed \_\_\_\_\_ Date Filed \_\_\_\_\_

Have you been interviewed? \_\_\_\_\_ Date \_\_\_\_\_ Place \_\_\_\_\_

I hereby authorize the United States Citizenship and Immigration Services and the Federal Bureau of Investigation to release information to Congressman Stephen Lynch or his staff regarding the problem described below.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please describe your problem:

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