Office of Congresswoman Donna Edwards Immigration Privacy Release Form

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 immigration concern to be released to the office of Congresswoman Donna Edwards or her designated representative for a period of one year from the date below.

PLEASE COMPLETE STEPS 1-6

STEP 1: Con	ntact Informa	tion			
Name:					
Address:					
Email Addre	ess:				
Telephone Numbers: Home:			Work:	Mobile:	
(ex. If you a	re filing on t Filing for my	pehalf of your	sibling, spou	your relationship to the se, parent, or child) ich you would like assis	
□ I-130	□ I-140	□ I-730	□ N-400	☐ B2 Visitor Visa ☐ F1Student Visa es Filed	
				□Yes □No	
STEP 4: This	s section mus	t be complete	d by the <u>Petit</u>	ioner or Beneficiary	
Please Circle	e One:	Petitioner	Ben	eficiary	
			Date of Birth:		
			Case/Receipt Number Country of Origin		
assistance a		any relevant		the matter on which y r notices (ex. Approval 1	
STEP 6: Ple	ase return thi	0	* *	orting materials to:	
	877 Baltir	nore Annapolis E	sswoman Donna Blvd., Ritchie Co verna Park, MD FAX: 410 421 80	urt Office Building, Unit 101 21146	
I authorize	the Office of	Congresswon	ıan Donna Ed	lwards to make inquires	on my behalf:
Si	gnature			Date	2