**NON-IMMIGRANT VISA APPLICANT AUTHORIZATION FORM**

Please type or print legibly

**Provide the Visa Applicant’s File and Contact Information**

**Name: M F**

***Full First & Middle Name* *Full Last Name***

**Address:**

**Phone: ( ) FAX: ( )   
E-Mail:**

**Date of Birth: Nationality: Passport No.:**

**DS-I60 Bar Code Number: Appointment Date:   
Bank Receipt Number (If applicable):**

**Embassy/Consulate: Visa Type:**

**Please state the result you want:**

**I request Congressman Lamborn’s help with this non-immigrant visa application and authorize the Congressman or a member of his staff to make the appropriate inquiry on my behalf according to the Privacy Act of 1974.**

Signature: Date:

E-mail, Fax or Mail the Signed Form to: [doug.lamborn05@mail.house.gov](mailto:doug.lamborn05@mail.house.gov)   
Colorado Springs District Office   
1125 Kelly Johnson Blvd. Suite 330  
Colorado Springs, CO 80920  
FAX: (719) 520-0840

Attach additional pages if necessary. Do not send original documents. Please attach copies.

**Attach this form to your sponsor/family member/employer’s Constituent Visa Authorization Form**