



IMMIGRATION PRIVACY RELEASE FORM

BENEFICIARY'S INFORMATION:

NAME:

ADDRESS:

ALIEN NUMBER:

PASSPORT NUMBER:

DATE OF BIRTH:

COUNTRY OF BIRTH:

FORM NUMBER:

RECEIPT NUMBER:

FILING DATE:

INTERVIEW DATE:

U.S. EMBASSY:

PETITIONER'S INFORMATION:

NAME:

ADDRESS:

CITY:

STATE:

ZIP:

PHONE (HOME):

PHONE (CELL/WORK):

EMAIL ADDRESS:

PREFERRED CONTACT METHOD: EMAIL MAIL PHONE

BRIEFLY EXPLAIN THE NATURE OF YOUR PROBLEM OR CONCERN AND HOW YOU WOULD LIKE THE CONGRESSMAN TO ASSIST YOU. PLEASE ATTACH COPIES OF ALL PERTINENT DOCUMENTS.

I, the undersigned, hereby authorize the release of all relevant information from any federal or state agency to Congressman Pallone and his staff regarding the matter described above. I understand that this privacy release form is being used in compliance with the Freedom of Information Act and the Privacy Act of 1974, as amended.

SIGNATURE:

DATE:

PLEASE RETURN TO:

*67/69 Church Street
New Brunswick, NJ 08901
Fax: 732-249-1335
Phone: 732-249-8892*

OR

*504 Broadway
Long Branch, NJ 07740
Fax: 732-870-3890
Phone: 732-571-1140*