

**PRIVACY RELEASE FORM
IMMIGRATION CASE**

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 Representative Chris Van Hollen.

PLEASE COMPLETE STEPS 1-6

STEP 1: PLEASE PROVIDE YOUR CONTACT INFORMATION.

Name: Mr./ Ms./ Mrs./ Miss/ Dr. _____

Address: _____

Email Address: _____

Telephone Numbers: Home: _____

Work: _____

Mobile: _____

STEP 2: PLEASE DESCRIBE YOUR RELATIONSHIP TO THE BENEFICIARY. (Examples: If you are filing for your sibling, spouse, parent, child, self, etc.)

I AM FILING FOR MY _____

STEP 3: PLEASE INDICATE THE APPLICATION(S) THAT YOU HAVE FILED.

__ I-129F __ I-131 __ I-485 __ I-765 __ B2 Visitor Visa

__ I-130 __ I-140 __ I-730 __ N-400 __ F1 Student Visa

Other: _____ **Date(s) Filed:** _____

Is your case currently in administrative processing? Yes No

STEP 4: PLEASE PROVIDE THE RELEVANT INFORMATION FOR THE BENEFICIARY (i.e. THE PERSON SEEKING AN IMMIGRATION BENEFIT).

Case/Receipt/Passport Number (if applicable): _____

Alien Number (if applicable): _____

Name: Mr./ Ms./ Mrs./ Miss/ Dr. _____
First Name Last Name

Date of Birth: _____

Country of Citizenship: _____ **Country of Origin:** _____

I authorize the Office of Congressman Chris Van Hollen to make inquiries on my behalf:

Signature

Date

STEP 5: PLEASE ATTACH A SHORT LETTER EXPLAINING THE MATTER ON WHICH YOU WOULD LIKE ASSISTANCE AND COPIES OF ANY RELEVANT DOCUMENTS OR NOTICES (examples: approval notice, request for evidence, denial letter, etc.)

STEP 6: PLEASE RETURN THIS SIGNED FORM AND ALL SUPPORTING MATERIAL TO:

**Representative Chris Van Hollen
51 Monroe Street, Suite 507, Rockville, MD 20850
FAX: 301-424-5992**