



Congressman John Duarte

Immigration Privacy Release Form

Fully complete the following fields. Please, print legibly.

PETITIONER INFORMATION						
Last name:	First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital status (circle one): Single / Mar / Div / Sep / Wid	
Street Address:		P.O. Box:		Date of Birth:	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
City:	State:	Zip Code:		Country of Birth:		
Home Phone Number:	Cell Phone Number		Email Address:			

Please only fill out the following section if your case is at the National Visa Center or at an Embassy:

BENEFICIARY INFORMATION						
Last name:	First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Country of Birth:	
Street Address:		P.O. Box:		Date of Birth:	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
City:	State:	Zip Code:		Email Address:		
Home Phone Number:	Cell Phone Number:		Relationship to Constituent: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Relative <input type="checkbox"/> Other _____			

Fully complete the relevant sections below.

IMMIGRATION INQUIRIES			
Petitioner:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Beneficiary/Applicant:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Case and/or Receipt Number:		Type of Application:	
Office Where Application is Pending:		Date Filed:	
Country of Birth (Petitioner):		Country of Birth (Beneficiary):	
PASSPORT INQUIRIES			
Application Date:		Travel Departure Date:	Place of Birth:

Travel Destination:	Passport Agency Location:	Application Number:
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Provide a brief summary of how my office can assist with you with your inquiry. Please, attach additional pages if necessary.

INQUIRY SUMMARY

AUTHORIZATION

In keeping with the restrictions of the Privacy Act of 1974, I hereby authorize Congressman John Duarte and/or his representative to request information from any Federal agency or department in attempting to answer my inquiry. I understand this authorization may include correspondence in written, telephonic, voicemail, facsimile, e-mail or other forms – including medical records or other documents or matters relative to my case.

I certify, under penalty of perjury, that 1) I provided or authorized all of the information in this privacy release and any document submitted with it; 2) I reviewed and understand all of the information contained in my privacy release and submitted with it; and 3) all of this information is complete, true, and correct. I, _____ (print your name) , authorize USCIS to release information contained in my USCIS records as relevant to checking my case status, and to the extent permitted by law, to Congressman John Duarte and the Member’s staff.

Print Name:	Signature:	Date:
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Return this completed form to the Office of Congressman John Duarte via fax or mail at the addresses below. For additional information, you may contact my office by phone at 209-226-6880

Congressman John S. Duarte
90. S. First Street
Turlock, CA 95380