

**Privacy Act Release Form
Visa Cases**

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 concern to be released to the office of Senator Mikulski. If there are multiple beneficiaries, please use a separate form for each applicant.

NAME OF MARYLAND RESIDENT: _____

MD RESIDENTIAL STREET ADDRESS: _____

(no P.O Boxes) _____

PHONE NUMBER(s): _____

MARYLAND RESIDENT RELATIONSHIP TO PERSON SEEKING VISA: _____

NAME OF PERSON SEEKING VISA: _____

DATE OF BIRTH OF PERSON SEEKING VISA: _____

TYPE OF VISA SOUGHT: _____

RECEIPT NUMBER: _____

PRIORITY DATE OF VISA: _____

COUNTRY OF CITIZENSHIP OF BENEFICIARY: _____

CONSULATE WHERE VISA SOUGHT: _____

DATE OF APPLICATION FOR or DENIAL OF VISA: _____

HAVE YOU CONTACTED ANOTHER CONGRESSIONAL OFFICE? _____

IF SO, WHICH OFFICE? _____

I AUTHORIZE SENATOR MIKULSKI TO MAKE INQUIRIES ON MY BEHALF:

Signature

(Parent must sign if beneficiary is a minor)

Date

**Mail or Fax to: Senator Barbara A. Mikulski
1629 Thames Street, Suite 400
Baltimore, Maryland 21231
Fax: 410-962-4760**

Additional comments or information may be attached