



US-VISIT Redress Form

Request for review and correction of information under 28 U.S.C. 1746

PLEASE TYPE OR PRINT					
a)	Full Name as Listed in Your Passport and/or Visa:				
	(Family Name) (First Name)		(Middle Nan	ne)	
1 \	M '1' A 11 (G) I	137		A DT III	
b)	Mailing Address (Street Number and Name)		(APT#):		
	City or Town:		State or Province:		
	City of Town.		state of Frovince.		
	Country:		c) Contact Telephone Number (Optional):		
	,		1	, 1	
d)) Date of Birth (mm-dd-yyyy):		Place of Birth (City or Town) (Province) (Country):		
e)) Date of Arrival and/or Departure from U.S.:		f) U.S. Port of Arrival and/or Departure:		
- /	r	,		r	
g)	Name of Airline or Sea Vessel (Op	ptional): h	Airline Flight # or Cru	uise Line Ticket #:	
i)	Passport #:		Country of Issuance:		
			,		
j)	U.S. Visa #:		Attached Documentation:		
			☐ Yes	□No	
	Request (Specify Amendment or Correction):				
	1 (1)	,			
k)	SIGNATURE			TE (mm-dd-yyyy):	
/				()	

You must sign your request and your signature must either be notarized or submitted by you under 28 U.S.C 1746, a law that permits statements to be made.

Print this page and send your redress to:

US-VISIT Privacy Officer US-VISIT Program Border and Transportation Security U.S. Department of Homeland Security Washington, D.C. 20528, USA Or send by facsimile to 00-1-202-298-5201

For additional questions, the Privacy Officer can be reached at 202-298-5200.