

The Privacy Act of 1974 requires that I obtain your direct authorization for my office to investigate on your behalf. Please complete and return this privacy release form to my **Detroit** office at the address listed below.

Thank you for your cooperation.

Carl Levin

To Whom It May Concern:

Senator Levin and his staff have my permission to receive and review any information contained in my file. When necessary, they are authorized to forward documents to appropriate agencies.

Please give a detailed description of your problem. Include all pertinent documents, dates, and addresses. If necessary, attach another sheet to this form:

Name of Agency or Organization: _____

Alien Registration No. or Receipt No. (if applicable): _____

Name of Beneficiary: _____ Male _____ Female _____

Date of Birth: _____ Country of Citizenship: _____

Contact Information (Petitioner):

Print Full Name: _____ Relationship: _____

Legal Signature: _____ Date: _____

(Required)

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: (work) _____ (home) _____ (fax) _____

Status: U.S. Citizen: _____ Legal Permanent Resident: _____ Other: _____

Is any other Congressional Office working on this concern? If yes, which one?

Return this completed form to: **Senator Carl Levin**
 ATTN: Immigration Caseworker
 477 Michigan Avenue, Suite 1860
 Detroit, MI 48226

Please be sure to sign and date release form