

**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./Mrs./Ms./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 B2 Visitor Visa
 I-130 I-140 N-400 F1 Student Visa

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

STEP 4: PLEASE PROVIDE THE RELEVANT INFORMATION FOR THE BENEFICIARY, THE PERSON WHO IS SEEKING AN IMMIGRATION BENEFIT.

Case/Receipt Number: _____ **Alien Number:** _____

Name: Mr./Mrs./Ms./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**