

**CASE INFORMATION AND PRIVACY RELEASE FORM AUTHORIZATION: DOS**

**PLEASE PRINT**

Name: (constituent)

\_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_ Phone: **Home** \_\_\_\_\_

City and Zip Code: \_\_\_\_\_ **Cell** \_\_\_\_\_

Birthdate: \_\_\_\_\_ Status (Citizen, LPR): \_\_\_\_\_ **Work** \_\_\_\_\_

E-Mail: \_\_\_\_\_

Person applying for Visa: \_\_\_\_\_

Your relationship to applicant: \_\_\_\_\_

Applicants Date of Birth: \_\_\_\_\_ Applicants Passport Number: \_\_\_\_\_

What U.S Consulate?: \_\_\_\_\_

Date of Interview: \_\_\_\_\_

Has person applied for a visa before, if so what was the outcome?: \_\_\_\_\_

Why did you invite this person to visit?: \_\_\_\_\_

What are your plans during the visit? \_\_\_\_\_

List of Applicants ties to home that would compel him/her to return: **(Please attach copies of all supporting documents):**

\_\_\_\_\_

I authorize Congressman Bishop and his staff to receive any information that they may need in order to provide this assistance.

\_\_\_\_\_  
Signature Date

\*Note: In order to comply with the provisions of the Privacy Act of 1974 and to be of assistance with claim(s), it is necessary that your signature be on file.

Please print and mail to:

**Attention: Leah Sullivan**  
District Office  
Congressman Timothy Bishop  
31 Oak Street, Suite 20  
Patchogue, NY 11772  
Fax: 289-3181