



# Congressman Devin Nunes

## Constituent Services Privacy Release Form



**1 Please print or type all information:**

Name \_\_\_\_\_ Day Phone \_\_\_\_\_  
*First Middle Last*

Address \_\_\_\_\_ Social Security # \_\_\_\_\_  
 \_\_\_\_\_ Date of Birth \_\_\_\_\_  
*City State Zip* E-Mail Address \_\_\_\_\_

Name of subject person if different from above: \_\_\_\_\_ DOB \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 \_\_\_\_\_ Social Security # \_\_\_\_\_

**2 Please complete the appropriate section below for Immigration Inquiries:**

Petitioner \_\_\_\_\_ Beneficiary/Applicant \_\_\_\_\_

Case Number (or Receipt Number) \_\_\_\_\_ Type of Application \_\_\_\_\_

Office where application is pending \_\_\_\_\_ Date Filed \_\_\_\_\_

**Passport Inquiries**

Application Date \_\_\_\_\_ Travel Departure Date \_\_\_\_\_

Travel Destination \_\_\_\_\_ Passport Agency Location \_\_\_\_\_

**3 PLEASE SIGN:**

Pursuant to the Privacy Act of 1974, I authorize Congressman Nunes' office to obtain any information to assist me with the matter described below.

Print Name \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_

**4 Please describe the situation for which you are requesting assistance. Attach additional pages if necessary.**

**Please return completed form to Congressman Devin Nunes at the address below.**

113 N. Church Street, Suite 208  
 Visalia, California 93291  
 Ph: (559) 733-3861  
 Fax: (559) 733-3865