CONGRESSWOMAN GWEN MOORE
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CONGRESSIONAL INQUIRY

PRIVACY RELEASE FORM

The Privacy Act of 1974 (Public Law 93-579) prevents agencies from releasing information about you to anyone without your written permission. Therefore, I need your written signature on this waiver before I can intervene with a federal agency on your behalf.

PETITION INFORMATION

Beneficiary's Name: _____ other names used: _____

Petitioners Name: _____ Relationship to Beneficiary: _____

Petitioner's Current Address: _____

City_____ State_____ Zip Code _____

Phone (home): ( ) _____- _____ Phone (work): ( ) _____ -_____

Application Type: _____ Case No.: _____
*Example, WAC, LIN, Alien ID, Visa, or Passport Number.

Receipt No.:_____ Receipt Date: _____

Date of Birth: _____ Country of Birth: _____

Email Address: _____

Other Congressional Offices Contacted: _____

AUTHORIZATION

I understand that in order for you to respond fully to my request, it may be necessary for you or your staff to review those federa records that contain information you will need to assist me. By signing this form, I hereby authorize the appropriate federal agencies to release to you such information as you may require.

Signed: _____ Date: _____

I also understand that in order for your office to share information with anyone other than myself, I need to indicate whom.

I authorize: _____ (relation to you) _____ to receive information on my case.

DESCRIPTION OF YOUR SITUATION:

_____
_____
_____
_____
_____
_____

**Please submit this form and supporting documentation to the address above.*