

IMMIGRATION PRIVACY RELEASE FORM

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 David Trone.

PLEASE COMPLETE STEPS 1-6

STEP 1: PLEASE PROVIDE YOUR CONTACT INFORMATION.

Name: Mr./ Mrs./ Ms./ Dr. _____

Address: _____

Email Address: _____

Date of Birth: _____ **Country of Birth:** _____

Telephone Numbers:
Home: _____
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.

- | | | | |
|--|---------------------------------------|---------------------------------------|---|
| <input type="checkbox"/> I-129F | <input type="checkbox"/> I-131 | <input type="checkbox"/> I-485 | <input type="checkbox"/> B2 Visitor Visa |
| <input type="checkbox"/> I-130 | <input type="checkbox"/> I-140 | <input type="checkbox"/> N-400 | <input type="checkbox"/> 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

Country of Citizenship: _____

Country of Origin: _____

I certify, under penalty of perjury, that 1) I provided or authorized all of the information in this privacy release and any document submitted with it; 2) I reviewed and understand all of the information contained in my privacy release and submitted with it; and 3) all of this information is complete, true, and correct to the best of my knowledge.

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.

STEP 6: PLEASE RETURN THIS SIGNED FORM AND ALL SUPPORTING MATERIAL TO:

Representative David Trone
9801 Washingtonian Boulevard, Suite 330, Gaithersburg, MD 20878
FAX: 301-926-0324 E-Mail: Trone.Casework@mail.house.gov