

CONGRESSMAN DAVID G. VALADAO

IMMIGRATION PRIVACY RELEASE FORM



Fully complete the following fields. Please, print legibly.

CONSTITUENT INFORMATION						
Last name:	First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Marital status (circle one): Single / Mar / Div / Sep / Wid	
Street Address:		P.O. Box:		Date of Birth: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
City:	State:	Zip Code:		Social Security Number: - -		
Home Phone Number: ()	Cell Phone Number: ()		Email Address:			

Is this case on behalf of someone else? If so, please provide your information below:

APPLICANT INFORMATION						
Last name:	First:	Middle:	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.	<input type="checkbox"/> Miss <input type="checkbox"/> Ms.	Social Security Number: - -	
Street Address:		P.O. Box:		Date of Birth: / /	Age:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
City:	State:	Zip Code:		Email Address:		
Home Phone Number: ()	Cell Phone Number: ()		Relationship to Constituent: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Relative <input type="checkbox"/> Other _____			

Fully complete the relevant sections below.

IMMIGRATION INQUIRIES			
Petitioner:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Beneficiary/Applicant:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Case and/or Receipt Number:		Type of Application:	
Office Where Application is Pending:		Date Filed:	

PASSPORT INQUIRIES

Application Date:	Travel Departure Date:	Place of Birth:
Travel Destination:	Passport Agency Location:	

Provide a brief summary of how my office can assist with you with your inquiry. Please, attach additional pages if necessary.

INQUIRY SUMMARY

AUTHORIZATION

In keeping with the restrictions of the Privacy Act of 1974, I hereby authorize Congressman David G. Valadao and/or his representative to request information from any Federal agency or department in attempting to answer my inquiry. I understand this authorization may include correspondence in written, telephonic, voicemail, facsimile, e-mail or other forms – including medical records or other documents or matters relative to my case.

Print Name:	Signature:	Date:
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Return this completed form to the Office of Congressman David G. Valadao via fax or mail at the addresses below. For additional information, you may contact my office by phone at (559) 582-5526.

Congressman David G. Valadao
101 North Irwin Street, Suite 110 B
Hanford, California 93230
Fax: (559) 582-5527