

KATHY CASTOR
14TH DISTRICT, FLORIDA

COMMITTEE ON
ENERGY AND COMMERCE
VICE RANKING MEMBER
SUBCOMMITTEE ON HEALTH

SUBCOMMITTEE ON
ENERGY AND POWER

SUBCOMMITTEE ON
OVERSIGHT AND INVESTIGATIONS



Congress of the United States
House of Representatives
Washington, DC 20515-0914

WASHINGTON OFFICE:
2052 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
(202) 225-3376

DISTRICT OFFICE:
4144 NORTH ARMENIA AVENUE
SUITE 300
TAMPA, FL 33607
(813) 871-2817

www.castor.house.gov

IMMIGRATION PRIVACY RELEASE FORM

The Privacy Act of 1974 states that disclosures of a personal or confidential nature will no longer be permitted to third parties without the express written consent of the individual. In order for U.S. Representative Kathy Castor (or her staff) to act on your behalf, please complete and sign the following statement.

INFORMATION MUST BE IN ENGLISH, ALL FOREIGN DOCUMENTS MUST BE TRANSLATED INTO ENGLISH
INFORMACION Y DOCUMENTOS TIENEN QUE ESTAR EN INGLES

Date/Fecha:	D.O.B./Fecha de Nacimiento:			Country of Birth /País de Nacimiento:	
PETITIONER / PETICIONARIO:	Mr.	Mrs.	Ms.	Other/Otro:	Name/Nombre:
	Sr.	Sra.	Srta.		
PETITIONER / PETICIONARIO CONTACT INFORMATION					
Physical Address:		City:		State:	Zip Code:
Mailing Address:		City:		State:	Zip Code:
Phone/Telefono:		Cell:		Work:	
Email:					
COMPLETE SECTIONS THAT APPLY TO YOUR CASE					
I. IMMIGRATION/RELATED ISSUES WITH THE FOLLOWING AGENCIES (mark with an "X")					
Department of Homeland Security (DHS)		Department of Justice (DOJ)			
Department of State (DOS)		U.S. Embassy/Consulate Location:			
Attach copy of/Copias de:					
1. U.S. PHOTO ID FOR PETITIONER AND COPY OF PASSPORT OR NATIONAL PHOTO ID OF THE BENEFICIARY/ COPIAS DEL PASAPORTE Y LICENCIA DE CONDUCIR					
2. Notices of Action/Notificaciones (I-797) , Letters/Cartas, Decisions/Decisiones,					
3. LPR (Green Card) and/or Naturalization Certificate/ Residencia o Certificado de Ciudadania					
Type of application filed (mark with an "X):			Receipt No.:		
I-765/Employment Authorization/Work Permit			I-589/ Asylum and for withholding of removal/deportation		
I-485/Permanent Residence (Green Card)			NIV: Non-Immigrant Visa		
N-400/Naturalization/Citizenship			I-131/Travel Document		
I-130/Visa for Relative			Other:		
BENEFICIARY / BENEFICIARIO INFORMATION:					
Name/Nombre:					
Address/Dirección:			Phone/ Teléfono:		
D.O.B./Fecha de Nacimiento:			C.O.B./País de Nacimiento:		

ESCRIBA EN INGLES: Incluya una explicación referente a su caso y la solución que usted desea

Please include a detailed explanation of your case and your request to the agency

Section below to be completed by the person who is the subject of the records/La siguiente sección debe ser completada por la persona que es el sujeto de los registros:

I the undersigned, 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. Pursuant to the Privacy Act of 1974 and DHS policy, I hereby consent to the disclosure to U.S. Representative Kathy Castor and the Member's staff of any record pertaining to me that appears in any system of records of USCIS, U.S. Customs and Border Patrol (USCBP), DOJ, or U.S. Immigration and Customs Enforcement (USICE).

Yo, el abajo firmante, **certifico, bajo pena de perjurio**, que 1) proporcioné o autoricé toda la información en esta versión de privacidad y cualquier documento enviado con ella; 2) Revisé y comprendí toda la información contenida en mi versión de privacidad y la envié con ella; y 3) toda esta información es completa, verdadera y correcta. De conformidad con la Ley de Privacidad de 1974 y la política del DHS, autorizo la divulgación a la Representante de EE. UU. Kathy Castor y al personal del Miembro de cualquier registro que me pertenezca y que aparezca en cualquier sistema de registros de USCIS, Aduanas y Patrulla Fronteriza de EE. UU. , DOJ o Servicio de Inmigración y Control de Aduanas de EE. UU. (USICE).

PETITIONER / PETICIONARIO: (sign in ink/entrada de tinta):

Signature/Firma

Print/Imprima

X _____

BENEFICIARY / BENEFICIARIO Signature/Firma: (sign in ink/entrada de tinta): Required for Refugee, Asylum, VAWA and Non-Immigrant (visitors) Visas /requerido para los casos de Visas de Refugiado, Asilo, VAWA y Visas No-Inmigrante (visitante).

BENEFICIARY / BENEFICIARIO: (sign in ink/entrada de tinta):

Signature/Firma

Print/Inprima

X _____

Staff Member (print):

Phone:
(813) 871-2817

Email:
casework.fl14@mail.house.gov

Please return form by mail:

Office of U.S. Representative Kathy Castor
4144 North Armenia Avenue, Suite 300
Tampa, Florida 33607

Or by Email:

casework.fl14@mail.house.gov

Or by Fax:

(813) 871-2864



U.S. CITIZENSHIP AND IMMIGRATION SERVICES
**OFFICE OF LEGISLATIVE AND
INTERGOVERNMENTAL AFFAIRS**

Privacy Release

Member of Congress: Kathy Castor FL-14

Petitioner/Applicant:

Name: _____ Date of Birth: _____

Alien number (if any): _____ Country of Birth: _____

Beneficiary:

Name: _____ Date of Birth: _____

Alien number (if any): _____ Country of Birth: _____

USCIS receipt number or tracking number (no Social Security numbers): _____

Date of filing: _____

Form type(s) – check all that apply:

- ☐ G-639 ☐ I-90 ☐ I-129 ☐ I-129F ☐ I-130 ☐ I-131 ☐ I-140 ☐ I-212 ☐ I-290B ☐ I-360
☐ I-485 ☐ I-526 ☐ I-539 ☐ I-589 ☐ I-590 ☐ I-600A ☐ I-600 ☐ I-601 ☐ I-612 ☐ I-690
☐ I-730 ☐ I-751 ☐ I-765 ☐ I-821 ☐ I-824 ☐ I-829 ☐ I-914 (Supplement A, B, or C)
☐ I-918 ☐ I-924 ☐ I-929 ☐ N-400 ☐ N-600 ☐ N-565 ☐ N-644 ☐ Other: _____

Brief description of the issue (if you need more space, attach a separate sheet):

Staff Member (print): _____

Phone: (813) 871-2817

Email: CASEWORK.FL14@mail.house.gov

Section below to be completed by the person who is the subject of the records:

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.

I, (print your name) _____, authorize USCIS to release information contained in my USCIS records as relevant to checking my case status, and to the extent permitted by law, to Senator/Representative Kathy Castor and the Member's staff.

Signature (sign in ink): _____

Date: _____

Address: _____

Phone: _____

Email: _____