KATHY CASTOR
14TH DISTRICT, FLORIDA

SELECT COMMITTEE ON
THE CLIMATE CRISIS
CHAIR

COMMITTEE ON
ENERGY AND COMMERCE
SUBCOMMITTEE ON HEALTH
SUBCOMMITTEE ON
CONSUMER PROTECTION AND
COMMERCE
SUBCOMMITTEE ON
OVERSIGHT AND INVESTIGATIONS

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

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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.☐ Sr. ☐ Sra.☐ Srta☐		Other/Otro:	**Name/Nombre:**	
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 LICENSIA 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 solucion que usted desea

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

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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 **E-Signatures not accepted/No se acepta firma electrónica.** **X**_____		**Print/Imprima**
Staff Member (print):	**Phone:** **(813) 871-2817**	**Email:** **casework.fl14@mail.house.gov**

Please return form by Email: casework.fl14@mail.house.gov

Or by Fax: (813) 871-2864

Please continue detailed explanation of your case and request to the agency here. Please make an additional copy of this page if more space is needed / Por favor provea la explanción detallada de su caso o solicitud aquí. Añada una pagina adicional si necesita más espacio.