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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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. / Sr.	Mrs. / Sra.	Ms. / Srta.	Other/Otro:	**Name/Nombre:**

PETITIONER CONTACT INFORMATION / INFORMACIÓN DEL PETICIONARIO			
Address/Dirección	**City:**	**State:**	**Zip Code:**
Phone/Telefono:			
Email/Correo Electronico:			
¿Ha contactado a algún otro funcionario electo con respecto a este caso? En caso afirmativo, ¿nombre de los funcionarios?			
Have you contacted any other elected official regarding this case? / If Yes, Officials Name?			

COMPLETE SECTIONS THAT APPLY TO YOUR CASE

I. IMMIGRATION/RELATED ISSUES WITH THE FOLLOWING AGENCIES (mark with an "X")

	USCIS/CBP/ICE/DHS		U.S. Passport/also complete Form DS-5505
	NVC/Embassy/DOS		Other:

MUST attach copy of/Tiene que proveer copias de:

1. **Copy of Florida photo ID or Driver's License / Copia solamente el frente de su licencia de conducir o ID**
2. **Copy of the last receipt or letter received from the agency clearly showing your address and the case number/ Copia del ultimo recibo o carta de la agencia con su direccion y numero del caso claramente visible.**

Type of application filed (mark with an "X):		***U.S. PASSPORT ISSUE ONLY:***
	I-765/Employment Authorization/Work Permit	***Locator Number:***
	I-485/Permanent Residence (Green Card)	***Expedite Fee Paid?***
	I-130/Visa for Relative/Humanitarian Parole	***Date of Travel:***
	Other:	***Travel Confirmation:***

Please include a detailed explanation of your case and your request to the agency/ ESCRIBA EN INGLES: Incluya una explicación referente a su caso y la solucion que usted desea

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 any Federal agency.

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 las agencias federales.

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

Signature/Firma	**Print/Imprima**
X _____	

Please return form by mail:
Office of U.S. Representative Kathy Castor
4144 North Armenia Avenue, Suite 300
Tampa, Florida 33607

By Email
casework.fl14@mail.house.gov

Or by Fax:
(813) 871-2864

Questions:
(813) 871-2817