

KATHY CASTOR  
14TH DISTRICT, FLORIDA

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VICE RANKING MEMBER  
SUBCOMMITTEE ON HEALTH

SUBCOMMITTEE ON  
ENERGY AND POWER

SUBCOMMITTEE ON  
OVERSIGHT AND INVESTIGATIONS



**Congress of the United States**  
**House of Representatives**  
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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**

<b>Date/Fecha:</b>	<b>D.O.B./Fecha de Nacimiento:</b>			<b>Country of Birth /País de Nacimiento:</b>	
<b>PETITIONER / PETICIONARIO:</b>	Mr.	Mrs.	Ms.	Other/Otro:	<b>Name/Nombre:</b>
	Sr.	Sra.	Srta.		
<b>PETITIONER CONTACT INFORMATION / INFORMACIÓN DEL PETICIONARIO</b>					
<b>Physical Address: Dirección física</b>		<b>City:</b>		<b>State:</b>	<b>Zip Code:</b>
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?					
<b>COMPLETE SECTIONS THAT APPLY TO YOUR CASE</b>					
I. IMMIGRATION/RELATED ISSUES WITH THE FOLLOWING AGENCIES (mark with an "X")					
	USCIS/CBP/ICE/DHS			U.S. Passport	
	NVC/Embassy/DOS			Other:	
<b>MUST attach copy of/Tiene que proveer copias de:</b>					
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"):				<b>U.S. PASSPORT ISSUE:</b>	
	I-765/Employment Authorization/Work Permit			<b>Locator Number:</b>	
	I-485/Permanent Residence (Green Card)			<b>Expedite Fee Paid?</b>	
	I-130/Visa for Relative/Humanitarian Parole			<b>Date of Travel:</b>	
	Other:			<b>Travel Confirmation:</b>	

