

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

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 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:	

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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.

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

X _____

© 2007 The Authors
Journal compilation © 2007 Blackwell Publishing Ltd

(813) 871-2817



CONSULAR OFFICES OF THE UNITED STATES OF AMERICA

AUTHORIZATION FOR THE RELEASE OF INFORMATION UNDER THE PRIVACY ACT

In accordance with the Privacy Act (PL 93-579) passed by Congress in 1974, a U.S. Consular Office cannot release any information regarding you to anyone without your written consent except as set forth in the Act. Please complete the authorization below, specifying whom a U.S. Consular Office may contact and to whom to release information with regard to your case. Please return the completed authorization to a U.S. Consular Office. Local language translations are acceptable to facilitate completion of the form in English.

The U.S. Government, by providing the Authorization for the Release of Information Under the Privacy Act Form, cannot under any circumstances compel an individual to complete and submit the form. PLEASE CAREFULLY CONSIDER TO WHOM, AND WHAT INFORMATION IS BEING DISCLOSED.

IMPORTANT: You are not obliged to grant anyone access to information regarding you but failure to provide the information requested on this form may make it more difficult, or impossible, for the Department of State or the U.S. Consular Office to assist you.

Your Full Name (Last, First, MI)

Place of Birth (City, State/Province, Country)

Born At:

On:

Date of Birth
(mm-dd-yyyy)**SECTION A**


I hereby authorize the U.S. Consular Office of the United States of America and the U.S. Department of State to release information regarding me to the following individuals :

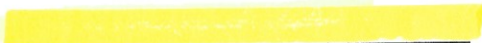
Name (Last, First)	Telephone Number	Address	Relationship
Representative Kathy Castor and staff	8138712817	4144 N. Armenia Ave Suite 300	Representative
Name (Last, First)	Telephone Number	Address	Relationship
X	X	X	X
Name (Last, First)	Telephone Number	Address	Relationship
X	X	X	X
Name (Last, First)	Telephone Number	Address	Relationship
X	X	X	X
Name (Last, First)	Telephone Number	Address	Relationship
X	X	X	X

IN THE EVENT OTHER PERSONS REQUEST INFORMATION REGARDING MY CASE, INFORMATION CAN BE RELEASED TO THE FOLLOWING:


YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	Family (Other than Those Listed Under Section A)
<input type="checkbox"/>	<input type="checkbox"/>	Friends (Other than Those Listed Under Section A)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Individual Members of Congress and Staff
<input type="checkbox"/>	<input type="checkbox"/>	Members of the Media
<input type="checkbox"/>	<input type="checkbox"/>	The General Public
<input type="checkbox"/>	<input type="checkbox"/>	Employer

Please review the form before signing. Information will only be released under Section A if requested and if we have your signed authorization.


Signature of the Applicant
(Please Sign In Black or Blue Ink)


City, Country


Print Your Name


Date (mm-dd-yyyy)

PRIVACY ACT STATEMENT

This information is needed to assist you in your present need for consular services. The primary purpose for soliciting this information is to establish your citizenship, identity, and entitlement to welfare protection services offered by the U.S. Government.

The U.S. Department of State is committed to ensuring that any personal information received is safeguarded against unauthorized disclosure. The data you provide is subject to the provisions of the Privacy Act (5 U.S.C. 552a). This means that the U.S. Department of State will not disclose the information you provide unless you have given us written authorization to do so, or unless the disclosure is otherwise permitted under the provisions of the Act or in accordance with our routine uses published in Title 22 of the Code of Federal Regulations. The information solicited on this form may be made available as a routine use to other government agencies for law enforcement and administrative purposes.