

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

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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.	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/Teléfono:		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:		

