

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

Date:					
PETITIONER / PETICIONARIO:	Mr.	Mrs.	Ms.	Other/Otro:	Name/Nombre:
	Sr.	Sra.	Srta.		
ADDRESSES					
Physical:		City:		State:	Zip Code:
Mailing:		City:		State:	Zip Code:
PHONE NUMBERS					
Home:		Cell:		Work:	
Email:					
COMPLETE SECTIONS THAT APPLY TO YOUR CASE					
I. IMMIGRATION/RELATED ISSUES WITH THE FOLLOWING AGENCIES (mark with an "X")					
	U.S. Citizenship & Immigration Services (USCIS)				U.S. Coast Guard
	National Visa Center (NVC)				U.S. Customs & Border Protection (CBP)
	U.S. Embassy/Consulate		Country/Location:		
Attach copy of: Notices of Action (I-797), Proof of U.S. Certificate of Naturalization/Citizenship Certificate, Copy of LPR (Green Card), Letters, Decisions, other pertinent Documents. PHOTO ID FOR PETITIONER AND COPY OF PASSPORT OR NATIONAL PHOTO ID OF THE BENEFICIARY					
Type of application filed (mark with an "X"):				Receipt No.:	
	I-765/Employment Authorization/Work Permit				I-730/Refugee/Asylee Relative Petition
	I-485/Permanent Residence (Green Card)				N-600 / Certificate of Citizenship
	N-400/Naturalization/Citizenship				N-648/Medical Certification for Disability Exceptions
	I-130/Visa for Relative				
	I-131/Travel Document				Other:
Section below to be completed by the person who is the subject of the records:					
BENEFICIARY / BENEFICIARIO		Name/Nombre:			
Address/Dirección:				Phone/ Teléfono:	

Please include a detailed explanation of your case and include copies of any relevant documents.

[illegible]

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. In addition, I authorize USCIS to release information contained in my USCIS records as relevant to checking my case status, and to the extent permitted by law, to U.S. Representative Kathy Castor and the Member's staff.

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. Además, autorizo a USCIS a divulgar la información contenida en mis registros de USCIS como relevante para verificar el estado de mi caso, y en la medida permitida por la ley, a la Representante de EE. UU. Kathy Castor y al personal del Miembro.

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

Signature/Firma

X

Print/Imprima

BENEFICIARY / BENEFICIARIO Signature/Firma: (sign in ink/entrada de tinta): Required for Refugee, Asylum, VAWA and Non-Immigrant (visitors) Visas /requerido para los casos de Visas de Refugiado, Asilo, VAWA y Visas No-Inmigrante (visitante).

BENEFICIARY / BENEFICIARIO: (sign in ink/entrada de tinta):

Signature/Firma

X

Print/Inprima

Staff Member (print):

Phone:
(813) 871-2817

Email:

Please return form by mail:

Office of U.S. Representative Kathy Castor
4144 North Armenia Avenue, Suite 300
Tampa, Florida 33607

Or by fax:

(813) 871-2864

Questions:

(813) 871-2817