

Office of Congresswoman Debbie Dingell (MI-6) Immigration Privacy Release Form

Petitioner/ Applicant Section

When filing for an immigrant, non-immigrant or visa benefit for yourself or on behalf of another individual, please provide information in this section

Identifying Information

Prefix Full	Legal Name	
Date of Birth	Place of Birth (city and count	ry) Alien Number (<i>if applicable</i>)
Contact Informat	<u>ion</u>	
Street Address		
City, State, Zip code		
Mobile Phone	Email	Address
Alternate number (<i>if</i>		
Case/ Receipt Numb	er(s) (i.e., USCIS Receipt, NVC Case	<i>Reverse</i> Number) Form Type(s)
Filing/Priority Date	Date Passport Number (for non-immigrant case only	
	nmigrant benefit on behalf of anothe	person, please provide their information in this section
Identifying Inform	nation	
Prefix Full	Legal Name	

Date of Birth

Place of Birth (*city and country*)

Alien Number (*if applicable*)

Case Description

Please provide a brief description of the matter for which you are seeking assistance. Continue additional page if needed.

Have you contacted another Congressional office regarding your case? If yes, please list that office.

Privacy Statement

I. _____(print petitioner/applicant name) certify under penalty of perjury that 1) I provided or authorized all of this 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; 3) all of this information is complete, true and correct.

I authorize Congresswoman Debbie Dingell and her staff to work on my behalf with agencies in the U.S Department of Homeland Security (USCIS, CBP, ICE), U.S Department of State and/ or U.S Department of Justice (EOIR) relevant to the matter described above, to receive and review any information contained in my file, and if necessary, to forward any pertinent correspondence sent by me regarding this matter to those agencies.

Signature of Applicant/Petitioner

Date