



**U.S. REPRESENTATIVE ANDY LEVIN**  
*Representing the 9<sup>th</sup> District of Michigan*

**Privacy Act Release Form**

To initiate an inquiry on your behalf, you must complete this form and return it to my District Office. You should also include copies of any relevant documents, but send only copies (no originals). Please fill in all blanks which apply, printing clearly. **Do Not Forget to Sign the Form**  
**For Immigration inquiries, do not give a Social Security number, but please give the Alien Registration number, other case numbers, petitioners name and beneficiaries name, and place of birth of both petitioner and beneficiary.**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Agency: \_\_\_\_\_  
(With which you are having difficulties)

Veteran's Claim Number: \_\_\_\_\_ Military I.D. Number: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

**Briefly describe your issue or the information you are requesting. Do not leave this portion blank.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please fill out the following information for Immigration Inquiries:**

Name of Petitioner: \_\_\_\_\_ Alien Registration #: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Other Case or Claim Numbers: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_ Beneficiary Country of Birth: \_\_\_\_\_

The Privacy Act of 1974 prohibits the disclosure of personal information without that individual's consent.

I certify under penalty of perjury, that I provided all the information in this privacy release and any document submitted with it. All the information is complete, true and correct.

I, *(print your name)* \_\_\_\_\_ authorize the release of my information to the extent permitted by law, to Representative Andy Levin and/or the Member's staff.

**Signature:** \_\_\_\_\_ **Current Date:** \_\_\_\_\_

(For assistance in completing this form please call my District Office at: (586) 498-7122  
**Mailing Address:** 30500 Van Dyke Ave., Suite 306, Warren, MI, 48093-2110. **Fax Number:** (844) 315-6443