U.S. REPRESENTATIVE ANDY LEVIN
Representing the 9th 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: __________________

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.

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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 the 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