



**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 a relevant documents, but send only copies (no originals). Please fill in all blanks which apply, printing clearly.

**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: \_\_\_\_\_

**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: \_\_\_\_\_

Briefly explain your problem or the information you are requesting: \_\_\_\_\_

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

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 of th information is complete, true and correct.

I, (print your name) \_\_\_\_\_ authorize the release of my informatic 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