



# United States Senator Ron Johnson

## Immigration Privacy Release Form

THE PRIVACY RELEASE ACT OF 1974 (PUBLIC LAW 93-579) PREVENTS AGENCIES FROM RELEASING INFORMATION ABOUT YOU TO ANYONE WITHOUT YOUR WRITTEN PERMISSION. THEREFORE, I NEED YOUR SIGNATURE ON THIS WAIVER BEFORE I CAN CONTACT A FEDERAL AGENCY ON YOUR BEHALF.

Application or Visa Type (i.e., N-400, I-130, B-1, K-1 etc.): \_\_\_\_\_

Case/Receipt Number: \_\_\_\_\_

Date of Receipt: \_\_\_\_\_

Embassy Location : \_\_\_\_\_

Date of Interview: \_\_\_\_\_

### Petitioner

### Beneficiary

Name: Mr. / Ms. \_\_\_\_\_

Name: Mr. / Ms. \_\_\_\_\_

Address: \_\_\_\_\_

Relation to Petitioner: \_\_\_\_\_

City: \_\_\_\_\_

Address: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

City: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

Country: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Immigration Status (circle one):

Country of Birth: \_\_\_\_\_

U.S. Citizen / Legal Permanent Resident / Other

Passport Number: \_\_\_\_\_

Other Congressional Offices Contacted:

Alien Number (if applicable): \_\_\_\_\_

### AUTHORIZATION:

I 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. I hereby request and authorize Senator Ron Johnson, or any member of his staff, to act on my behalf and to discuss and receive all relevant information about my case from federal agencies until this matter is resolved.

Petitioner's Signature (in pen): \_\_\_\_\_ Date: \_\_\_\_\_

**IN A SEPARATE ATTACHED LETTER, PLEASE EXPLAIN HOW AND WHY YOU ARE SEEKING THE SENATOR'S ASSISTANCE AND INCLUDE ANY RELEVANT FORMS AND DOCUMENTS.**

**Please return to:**  
U.S. Senator Ron Johnson  
517 E. Wisconsin Ave. #408  
Milwaukee, WI 53202  
Fax: 414-276-7284