



BENJAMIN L. CARDIN
MARYLAND
United States Senate



PRIVACY ACT FORM – USCIS/STATE DEPT/CBP/IMMIGRATION/JUSTICE DEPT

Federal agencies are prohibited from releasing information concerning an individual to a third party under the Privacy Act of 1974. Please complete and sign this form, which will allow information regarding your concern to be released to the office of U.S. Senator Ben Cardin. Carefully read the form and legibly print all information requested. Altered or reproduced forms will not be accepted.

PETITIONER/APPLICANT INFORMATION:

NAME: _____ **DATE OF BIRTH:** _____

ALIEN NUMBER: _____ **COUNTRY OF BIRTH:** _____

ADDRESS: _____

CITY, STATE: _____ **ZIP CODE:** _____

EMAIL: _____ **PHONE:** _____

BENEFICIARY INFORMATION:

NAME: _____ **DATE OF BIRTH:** _____

ALIEN NUMBER: _____ **COUNTRY OF BIRTH:** _____

USCIS/STATE DEPT. RECEIPT NUMBER: _____

DATE OF FILING: _____ **PLACE OF FILING:** _____

Have you contacted another Congressional office regarding this issue? YES NO

If so, which office did you contact? _____

FORM TYPE:

- I-130 I-140 I-751 I-485 I-129 I-539 I-765 I-824
 I-90 I-730 I-601 I-601A N-400 N-600 I-290B I-589
 I-129F I-290B I-131 Other:

On the lines below, please briefly describe the issue. Attach additional documents if necessary. I certify, under penalty of perjury, that I authorized the release of information contained in this release and that all information is true to the best of my knowledge.

SIGNATURE		DATE
<u>Return form by mail:</u>	<u>Return form by fax:</u>	<u>Return form by email:</u>
U.S. Senator Ben Cardin	(410) 962-4156	casework@cardin.senate.gov
100 S. Charles Street		
Tower 1, Suite 1710		
Baltimore, MD 21201		