



**BEN CARDIN**  
MARYLAND  
United States Senate



**PRIVACY ACT FORM – VISITOR VISA**

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.

**APPLICANT INFORMATION (FORM MUST BE COMPLETED BY APPLICANT):**

**NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**PASSPORT NUMBER:** \_\_\_\_\_ **EMBASSY LOCATION:** \_\_\_\_\_

**CONSULAR INTERVIEW DATE:** \_\_\_\_\_ **FILED I-601:**  YES  NO

**MARYLAND RESIDENT INQUIRING ABOUT VISITOR VISA:**

**NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **PHONE NUMBER:** \_\_\_\_\_

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

**CITY, STATE:** \_\_\_\_\_ **ZIP CODE:** \_\_\_\_\_

**U.S. CITIZEN'S RELATIONSHIP TO APPLICANT:** \_\_\_\_\_

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

If so, which office did you contact? \_\_\_\_\_

**SUMMARY**

On the lines below, please briefly describe the issue. Attach additional documents if necessary.

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

**I, the applicant listed above, give my permission for Senator Cardin and his staff members to release information regarding my visitor visa application to the U.S. citizen listed above. I also give my permission for Senator Cardin and his staff members to discuss and exchange information related to my visitor visa with the U.S. Department of State and any consular officers handling my visitor visa application.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

**Return form by mail:**

U.S. Senator Ben Cardin  
100 S. Charles Street  
Tower 1, Suite 1710  
Baltimore, MD 21201

**Return form by fax:**

(410) 962-4156

**Return form by email:**

casework@cardin.senate.gov