



# Office of Congresswoman Jackie Walorski

Second District of Indiana

## PRIVACY RELEASE FORM – Immigration Cases Only

Authorization in Accordance with the Privacy Act of 1974

To request Congresswoman Walorski’s assistance with an immigration-related matter, please completely fill out this form and return it to her Mishawaka district office (see back), along with photocopies of any relevant case documents.

**Note: This form must be signed by the subject of the case being referenced (or a legal guardian, if under 14).**

Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Email: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Country of Birth: \_\_\_\_\_ Alien # (if applicable): \_\_\_\_\_

► Specify any USCIS form(s) pertaining to this case (I-90, I-130, I-485, N-400, etc.): \_\_\_\_\_

► If this is a pending visa case, specify the type (visitor / fiancé / student / work, etc.): \_\_\_\_\_

► Specify any USCIS receipt number(s) or visa case number(s): \_\_\_\_\_

► Specify the problem you are having with the agency involved: \_\_\_\_\_

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

► Specify the resolution you are seeking: \_\_\_\_\_

\_\_\_\_\_

*I understand that the Privacy Act prohibits federal agencies from releasing my information to a third-party without my written consent. I hereby authorize Congresswoman Jackie Walorski and her staff, on my behalf: 1) to make inquiries with the agencies involved, 2) to receive my records from said agencies, and 3) to discuss my records with said agencies and any third-party listed on the back of this form, as needed. I certify under penalty of perjury that I have provided or authorized all information in and all documents submitted with this Privacy Act release, and that the information I have provided is complete, true, and accurate to the best of my knowledge and belief. The assistance I am requesting is in no way an attempt to evade or violate federal, state, or local law. I have reviewed and understand all of the information contained in this Privacy Act release.*

► SIGNATURE (in ink): \_\_\_\_\_ Date: \_\_\_\_\_

→ **Over, please**

▶ Have you contacted any other elected officials about this matter? If so, please specify: \_\_\_\_\_

▶ Would you like to receive Congresswoman Walorski's newsletter and other important information via email? *Yes* | *No*

**Optional Third-Party Disclosure Authorization**

If you would rather that our office communicate primarily with a third-party individual on your behalf, please provide his or her information below. Please limit this authorization to a close relative, a legal guardian, a legal representative (e.g. an attorney), or another person you trust.

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

***\*\*\*Return this form to our Mishawaka district office\*\*\****

Office of Congresswoman Jackie Walorski  
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Mishawaka, IN 46544

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Fax: (574) 217-8735

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