



UNITED STATES SENATE

Senator Bernie Moreno



CONSENT FOR RELEASE OF INFORMATION

Please complete the following information (Please print):

Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: Home: _____ Cell: _____ Work: _____
 Email: _____ Fax: _____

FEDERAL AGENCY(IES) INVOLVED:	
<input type="checkbox"/> Department of Homeland Security (DHS)	<input type="checkbox"/> U.S. Department of State
<input type="checkbox"/> U.S. Customs and Border Protection (CBP)	<input type="checkbox"/> Citizenship and Immigration Services (USCIS)
<input type="checkbox"/> Immigration and Customs Enforcement (ICE)	<input type="checkbox"/> National Visa Center
<input type="checkbox"/> Transportation and Security Administration (TSA)	Other _____

PETITIONER AND BENEFICIARY INFORMATION	
Petitioner:	Beneficiary:
Name: _____	Name: _____
Date of Birth: _____	Date of Birth: _____
Country of Birth: _____	Country of Birth: _____
Alien Number: _____	Alien Number: _____

CASE INFORMATION
USCIS Form Type(s): all that apply _____
USCIS Receipt #: _____ Received Date: _____
Processing Center: _____
Priority Date: _____ Visa Preference Category: _____
NVC Case #: _____
Passport #: _____
Other: _____

Briefly explain your problem and/or request for assistance (*Include additional pages if needed or copies of any documentation that may help expedite your inquiry. Please do not send original documents*):

I am aware that provisions of the Privacy Act of 1974 (Public Law 93-579) requires written consent from the individual/constituent before Senator Moreno can obtain information from government agencies on your behalf and prohibits the release of information in my file without my approval. I hereby authorize the above-mentioned agency (agencies) to provide information regarding my case or claim to the Office of United States Senator Bernie Moreno. I certify, under penalty or 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 to be fully compliant with 6 CFR 5.21(d).

Signature: _____ Date: _____

Please Return Completed Form and Relevant Documents To:

Office of Senator Bernie Moreno
 Attn: Constituent Services
 Bricker Federal Building
 200 North High Street, Room 618
 Columbus, OH 43215
 Phone: (614) 469-2083