



Congressman David G. Valadao

Constituent Services Privacy Release Form

1. Please fill in all of the information:

Name:

Social Security:

Address:

Date of Birth:

Phone Number:

Email:

2. Is this case on behalf of anyone else? (Circle one) Yes No If yes, please provide their information below:

Name:

Social Security:

Address:

Date of Birth:

Phone Number:

Email:

3. Please complete the appropriate section below for Immigration Inquiries:

Petitioner:

Beneficiary/Applicant:

Case/Receipt
Number:

Type of Application:

Office where
application is pending:

Date Filed:

Passport Inquiries:

Application Date:

Travel Departure Date:

Travel Destination:

Passport Agency Location:



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4. Please briefly describe that which you are requesting assistance for: (Attach additional pages if necessary)

5. Please sign and date:

Pursuant to the Privacy Act of 1974, I hereby authorize Congressman Valadao's office to obtain any information to assist me with the matter described above.

Print Name

Signature

Date

6. Please return this completed form to Congressman David G. Valadao at the address below:

**101 North Irwin Street, Ste 110 B
Hanford, CA 93230
Phone: 559.582.5526
Fax: 559.582.5527**